

**USE OF HIV/AIDS COUNSELING AND TESTING SERVICES AMONG
YOUNG PEOPLE IN TANZANIA: A CASE STUDY OF KINONDONI
DISTRICT**

Investigator's Name

Kisa Burton Mwakatobe

Supervisor:

Joar Svanemyr: Assistant professor

**Institute of General Practice and Community Medicine
Section for International Health**

**University of Oslo
Faculty of Medicine
Institute of General Practice and Community Medicine
Section for International Health
June 2007**



**Thesis submitted as a part of the
Master of Philosophy Degree in International Community Health**

TABLE OF CONTENTS

ACKNOWLEDGEMENT.....
ABSTRACT.....
ACRONYMS.....
CHAPTER 1.....	1
1.0 INTRODUCTION.....	1
1.1 BACKGROUND.....	1
1.2 COUNTRY PROFILE	3
1.2.1 Geography.....	3
1.3 RATIONALE OF THE STUDY.....	3
1.4 OBJECTIVES.....	4
1.5 THE SIGNIFICANCE OF THE STUDY	4
CHAPTER 2.....	6
2.0 LITERATURE REVIEW.....	6
2.1 SEXUALITY AMONG YOUNG PEOPLE.....	6
2.2 HIV/AIDS COUNSELING AND TESTING.....	7
CHAPTER 3.....	12
3.0 METHODOLOGY.....	12
3.1 STUDY DESIGN.....	12
3.2 STUDY SITE AND POPULATION.....	12
3.3 CRITERIA FOR INCLUSION IN THE STUDY	13
3.4 DATA COLLECTION.....	14
3.4.1 The Interview process.....	15
3.4.2 Data handling.....	15
3.5 PILOT STUDY.....	16
3.6 PERSONNEL.....	17
3.7 WORK PLAN.....	17
3.7.1 Phase I.....	17
3.7.1.1 Time frame.....	17
3.7.2 Phase II.....	18
3.7.2.1 Data analysis.....	18
3.7.3 Phase III.....	18
3.7.3.1 Dissemination of the findings.....	18
3.8 ETHICAL CONSIDERATIONS.....	19
3.8.1 ETHICAL CLEARANCE AND APPROVAL.....	19
3.8.2 INFORMED CONSENT.....	19

CHAPTER 4

4.0	FINDINGS.....	21
4.1	KNOWLEDGE OF HIV/AIDS.....	21
4.1.1	Use of condoms.....	23
4.2	VOLUNTARY COUNSELING SERVICES.....	25
4.2.1	Knowledge of the VCT services.....	25
4.2.2	Youth experiences to the VCT services.....	26
4.2.3	Parents and relatives attitudes to the VCT services.....	29
4.2.4	Quality of the VCT services.....	30
4.2.5	Confidentiality.....	32
4.2.6	Cost of the VCT services.....	33
4.2.7	Treatment services.....	34
4.2.8	Location of the VCT centers.....	35
4.2.9	Access to the VCT services.....	36
4.2.10	Counselor's responsibilities.....	37
4.3	REASONS FOR SEEKING THE VCT SERVICES.....	44
4.3.1	Individual's perception bearing at risk.....	44
4.3.2	Response to the sign of illness.....	46
4.3.3	Future plans.....	47
4.3.4	Learning the health status.....	47
4.3.5	Experiences associated with partners or family members with AIDS.....	48
4.3.6	Donating or receiving blood.....	48
4.3.7	Peer influencing factors.....	49
4.3.8	Access to HIV/AIDS information.....	50
4.3.9	Attraction to other services provided in VCT centers other than testing.....	50
4.3.10	Confidence.....	51
4.3.11	Attending the VCT services as response to rumors.....	51
4.3.12	School program.....	51
4.3.13	Quality of the services.....	52
4.3.14	Access to VCT clinic.....	52
4.3.15	Antenatal program.....	53
4.4	REASONS FOR NOT SEEKING THE VCT SERVICES.....	53
4.4.1	Lack of knowledge about VCT.....	53
4.4.2	Reasons associated with fear.....	54
4.4.3	Quality and access to VCT services.....	55
4.4.4	Lack of reasons.....	56
4.4.5	An individual responsibility to own health.....	57
4.4.6	Non involvement to sexual activity.....	57
4.4.7	Young age syndrome.....	58
4.4.8	Policy on HIV testing.....	58

4.4.9	Lack of support and negative reaction.....	59
4.4.10	Sexual reasons.....	61
4.4.11	Number of counselors, age and sex.....	61
4.4.12	Religion belief.....	62
4.4.13	Economic reasons.....	63
4.4.14	Lack of treatment services.....	63
4.5	SOME OF THE SUGGESTIONS AND OPINIONS FROM RESPONDENTS..	64
4.5.1	Improvement to HIV/AIDS education programs.....	64
4.5.2	Government participation.....	65
4.5.3	Parent's involvement.....	66
4.5.4	Availability and accessibility of the VCT services.....	67
4.5.5	Empowerment of youth.....	67
4.5.6	Improvement of VCT services.....	68
4.5.7	General opinions.....	69
4.6	SUMMARY OF THE FINDINGS.....	69
CHAPTER 5.....		72
5.0	DISCUSSION, CONCLUSION AND RECOMMENDATIONS.....	72
5.1	METHODOLOGICAL CONSIDERATIONS.....	72
5.1.1	Researcher's Role.....	72
5.1.2	Limitations.....	74
5.1.3	Instruments of the study.....	74
5.1.3.1	Language perplexing.....	75
5.1.4	Knowledge on HIV/AIDS.....	75
5.1.4.1	Limitation on HIV/AIDS knowledge among youth.....	75
5.1.4.2	Use condoms.....	77
5.1.5	Voluntary counseling and testing services.....	77
5.1.5.1	Knowledge on VCT services.....	77
5.1.5.2	Youth experiences to the VCT services.....	80
5.1.5.3	Lack of support and negative reactions.....	82
5.1.5.4	Quality of the VCT services.....	82
5.1.5.5	Confidentiality.....	83
5.1.5.6	Cost of the VCT services.....	83
5.1.5.7	Treatment services.....	84
5.1.5.8	Access to the VCT services.....	85
5.1.5.9	Location of the VCT centers.....	87
5.1.5.10	Counselor's responsibilities.....	88
5.1.5.11	Religions organizations.....	90
5.1.6	Reasons for seeking the VCT services.....	90
5.1.7	Reasons for not seeking the VCT services.....	93
5.1.8	Suggestions and Opinions from study participants.....	95

5.9	CONCLUSION.....	99
5.10	RECOMMENDATIONS.....	100
5.10.1	Expand the source of HIV/AIDS information.....	100
5.10.2	Improve the quality of the VCT services.....	101
5.10.3	Provide positive attitudes towards HIV intervention efforts.....	102
5.10.4	Suggestions for further studies.....	102
	REFERENCES.....	104
	APPENDICES.....	108

ACKNOWLEDGEMENT

I would like to extend my sincere gratitude to Prof Johanne Sundby who facilitated wise and steadfast advisors at the initial stages of this thesis, thank you for your patient and time.

I am also grateful to my supervisor Dr Joar Svanemyr who gave me guidance, support and ideas through out this study period. His complex role of supervisor, teacher, and editor has given this thesis a green light to my academic achievements. Without him this work would not have come to such completion.

My heartfelt thanks to all my respondents; students from Mbezi, Tegeta, and Makongo High secondary schools, including a special thanks to counselors from Mwananyamala, Magomeni ANGAZA center and PASADA. This study would not have been possible without you all.

I thank NORAD for awarding me this scholarship through out my two years studying here in Norway and the financial support for my field work without their support this work and my academic endeavor could not been possible. In additional, I wish to thank my institute, Institute of General Practice and Community Medicine for the very stimulating courses awarded to me.

I thank my own family; the main source of my strength. Deepest thanks should go to my husband Ibrahim EAT Mwangosi for his support, love and patience, and for his availability as a constant support and encouragement throughout the period of my studies including data collection. To my children Elizabeth, Ericka, Esther, and Elisha, I know it has been hard to stay without a mother for such long time. Challenges we faced should not be looked at as negative experience but rather God's good plans for our future.

Above all, I thank God who gave strength and good health through out my study time in a foreign land.

ABSTRACT

Background: Globally, an estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Moreover, about half of the 6000 new infections each day occur among youth's. Within Sub-Saharan Africa over three million people were newly infected with HIV in 2005- that is 64% of all new infections globally, young people are making up half of these new infections. In Tanzania in 2003, among the 1.6 million people with HIV/AIDS, 15% were 15-24 years old, and 60% of new infection occurred among youth. Therefore, considering such rate of HIV infection, youth deserve to be the focus of HIV prevention efforts. The VCT is among of HIV intervention measures that are implemented in Tanzania, youth are among of the targeted group whose attendance has been reported low, hence the needy of this study.

Broad objective: To examine the factors influencing young people decision in accessing or not accessing the Voluntary HIV counseling and testing. Specifically, the following questions were addressed:

- What is young people's level of knowledge on prevention and testing HIV/AIDS?
- What is young people's knowledge, attitudes, and perception towards VCT service as means of protecting themselves against HIV/AIDS?
- What are the VCT sites level of acceptability and responsiveness to young people's interests?
- What are the major reasons for young people not seeking and not using VCT services.

Study design and method: Within an exploratory design, qualitative methods of focus group discussion (FGD) and in-depth interviews were used.

Results: Youth have substantial knowledge of HIV and AIDS, however, their understanding are at different levels. Youth in towns and who are actively participating in HIV prevention programs are more knowledgeable than non active youth and or those living in rural areas. Furthermore, most youth do not apply acquired knowledge when they make decision on issues that might lead them to increased risk of HIV infection. In general terms, youth have heard about VCT centers, but main activities of these centers are not known to most of them. Youth's decisions for attending or not attending VCT services were associated with various factors such as, individual perceptions, social, cultural and economical factors. Moreover, implemented policies and services that are provided in a particular center contribute to youth's seeking VCT services or not. Young people attend VCT services when they feel they are at risk of HIV infection. Lack of VCT information, poor quality of the services, allocation of centers, and fear of stigma or fear of VCT process are some of the reasons identified for not attending VCT services identified by youth. However, youth who currently have not used VCT services, plan to attend in future. The study emphasizes the importance of having multi-approaches to making VCT services attractive and used by many young people.

Key words: Voluntary Counseling and Testing (VCT), young people, and counselor,

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	Africa Medical and Research Foundation
ANGAZA	Voluntary Counseling Centers under AMREF
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HIV/AIDS	The two terms constitute the disease continuum, from HIV infection to AIDS
ID	Identification
NACP	National Aids Control Program
NUD*IST	Non-numerical Unstructured Data Indexing Searching and Theorizing
NORAD	Norwegian Organization for Research and Development
NIMR	National Institute for medical Research
NGO	Non Governmental Organization
PASADA	Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese
PMTCT	Prevention Mother To Child Transmission
STI	Sexually Transmitted infection
STD	Sexually Transmitted Disease
TV	Television
TBPT	Tuberculosis Preventive Therapy
USAID	United States Agency for International Development
USA	United States of America
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing

CHAPTER 1

1.0: INTRODUCTION

1.1: Background

The global available information shows that an estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Moreover, about half of the 6000 new infections each day occur among young people and it is again estimated that about half of all people who are suffering from HIV/AIDS were infected when they were between the ages of 15-24. If current trends continue, it is expected that the number of young people infected with HIV/AIDS could increase to 21.5 million by 2010. (Kiragu K (ed). 1-39)

Youths often lack information, education, and services necessary to protect themselves from infection. In addition, the vast majority of people living with HIV/AIDS do not have access to life saving treatment and care. Poverty, gender inequality, violence against women, lack of education, war and conflict, unemployment, and stigma and discrimination work together to increase young people's vulnerability to inequality that put young people at a risk. (UNAIDS.)

Africa is still facing unprecedented AIDS crisis. In Sub-Saharan Africa over three million people were newly infected with HIV in 2005- that is 64% of all new infections globally the highest record than in any previous years for the region. Young people constitute up to half of these new infections. (UNAIDS Nigeria.) Heterosexual practices among youth mark a major route of HIV transmission in this group, as evidenced by Kaaya and colleagues who found that, both males and females youth scholars in Sub-Saharan Africa engage in early sexual intimacy, half of which practice unprotected sexual intercourse with multiple partners. (Kaaya et al. 148-60)

Moreover, rates in HIV transmission in Sub-Saharan region vary by gender and whether youths are rural or urban inhabitants. Factors like adverse economic conditions, unemployment, lack of potential guidance and supervision, and culture, and all influence sexual risk- taking behaviors among youths. Increasing use of drugs and alcohol among the young population has also been closely linked to increased vulnerability to unprotected sexual intercourse. (Kaaya et al. 148-60) (Kaaya, Leshabari, and Mbwambo 51-60)

In a focus group discussion (FGD), done in Uganda with adolescents findings show that both males and females reported initiating sex at earlier ages (10-14). Gifts such as petty cash play a

central role in sex initiation between males and females. In this dialogue, girls said they were vulnerable to rape or assaults once they accepted the gifts and do not reciprocate with sex.^(Bohmer L. and Kirumari E) Among youths, young girls are more vulnerable to HIV than young boys and this can be explained by several reasons. In sexual relationship at the young age, most of boys have sex with girls of similar age or younger, while girls have relations with older men, who are more likely to be infected. Girls are driven by poverty to accept relationship with old men who may give them in exchange of sex, money or goods.^(Gregson S et al. 1896-903.) Other reason is due to lack of power to women on sex negotiation, it does not affect adult women only but also young girls for they have limited ability to refuse sex when they find themselves in sexual relationship with men, exposing them to sexual transmitted infections (STIs) including HIV.^(Mwakagile D et al. 255-59) Some men believe that having sex with a virgin free them from infection, as reported from South Africa in return girls are the ones being infected. As a result of some men believe that sex with a virgin cures HIV/AIDS puts young girls at a more risk to infection.^(Kaaya et al. 148-60) This scenario implicates therefore that, the combination of age and poverty increases the risk to HIV infection among young population of Africa.

In Tanzania the HIV/AIDS infections is still spreading regardless of the efforts from government and non governmental organizations (NGOs) towards reducing infection rates. According to the 2002 national census, Tanzania had a population of about 34.4 million people and HIV prevalence ranging between 9%-12%.^{(National Bureau of Statistics (NBS)) (World Bank.)} In 2003, among the 1.6 million people living with HIV/AIDS, 70.1% were 25-49 years old; 15% were 15-24 years, and 60% of new infections occurred among youths aged 15-24 years.^(UNAIDS.) There is no single family which is free from the catastrophe related to HIV/AIDS, because the disease has either affected a family member, relative, friend or someone whom a family knows well. The major route of transmission being sexual intercourse, the sexually active youths and those in reproductive age groups are highly vulnerable to it.

The tradition of not speaking out openly about sexual matters, risk-sexual behaviors and effective means of controlling HIV/AIDS mostly in African households is an added problem. This silence culture exposes youths to sexual-life experiences from the free world, lacking constructive advice from the elders who in return, blame their children for their sexual-behaviors pronounced as promiscuous and immoral. These are blames for youth not heeding the traditional values.

Geographical Map of Tanzania

1.3: Rationale of the study

Since HIV/AIDS has currently neither cure nor reliable vaccine, the control remains entirely on either preventing the infection of healthy people or containing the problem size to the minimum that would enable those already infected live longer, healthy and non infective to others.

The voluntary counseling and testing (VCT) services centers offer the settlement through which the youths can obtain reliable HIV/AIDS information. The youths have access to having a wide discussion with trained counselors on the meanings of HIV/AIDS, causes, various transmission routes, management regimes with emphasis on self- protection motivation or sexual behavioral change that aims at minimizing the risk of getting infected and or, infecting others.

Proper counseling promotes a free mind of a client and enables him or her take change of healthy lifestyle, eliminates wrong perception about the problem and enhance confidence of life. If no measures are taken to serve young people, many will lose their lives or experience long and recurring illnesses that can lead to reduced quality of life. During the literature review for this study, no published studies which have been conducted in Tanzania that assesses young people acceptability to VCT services were found. Voluntary counseling and testing is among of the HIV preventive measures implemented in Tanzania. Therefore, this fact makes the current study vital in gathering youth attitudes, and feelings, on practices of the HIV/AIDS VCT services, and control of the problem, empowering them to live as responsible future reproductive adults.

1.4: Objectives

The study's overall objective was to examine the factors influencing young people decision on accessing or not accessing the Voluntary HIV counseling and testing services in Tanzania.

More specific objectives were to:

- examine young people's levels of knowledge on prevention and testing HIV/AIDS.
- examine young people's knowledge, attitudes, and perception towards VCT service as means of protecting themselves against HIV/AIDS.
- evaluate the VCT sites level of acceptability and responsiveness to young people's interests.
- identify the major reasons for why young people are not seeking and not using VCT services.

1.5: The significance of the study

Utilization of the VCTs services has been reported to be low in Tanzania as elsewhere in African societies. Since behavioral change is one way of combating HIV/AIDS, then youths need to be motivated to participate in the process by having reliable source of knowledge about HIV/AIDS. Due to the fact that efforts to influence them to regularly attend VCTs services have not been productive, the findings from this study will give an opportunity to learn more on what are the barriers from youths using the services. The government and NGOs working in this sector will gain insights from the findings that may help in identify the necessary changes in making VCTs attractive, more appropriate and acceptable to youth. The changes to be made should be geared to explore various ways that would promote the increase use of VCTs among young people. Aiming at raising their awareness on the susceptibility of being HIV infected severity of AIDS, efficacy of counseling centers, self- efficacy, and protective motivation as means towards protective sexual behavior. As an end result young people who are vulnerable to HIVAIDS, their life quality will be improved or prolonged.

CHAPTER 2

2.0: LITERATURE REVIEW

2.1: Sexuality among Young People

The emerging sexuality during teenage years together with lack of necessary information has made the young people today, especially vulnerable to many diseases such as AIDS. According to Runeborg, sexuality is a super force without which sexual drive, explained as important for intimacy and pleasure would mean no life existence.^(Runeborg A.) However, human beings are not sex machines but they have many other aspirations in life. On contrary, most adolescents and young people tend to place sexuality, tenderness, love and sexual feelings very central in their lives.

It is a fact that also young people have sex, thus there is a need for displaying correct factual information related to them as a protection from health hazardous. Silberschmidt states that, sex and sexuality have a powerful influence during teenage life as well as in adults. The only way forwards is to speak out to provide factual information on sexuality, prevention of sexually transmitted infections (STIs) and sexual behavioral change.^(Margreth S. 657-71)

Furthermore, young people irrespective of gender need self supportive environments in which they can talk friendly and be informed about their healthy behavior and sexuality.

Also young people should be able to talk freely to adults about their problems, not only to their friends and through the media, which sometimes are not reliable channels of information,^(Runeborg A.) (Assimwe D, Kibombo R, and Neema S.) as found to be among the findings from the Ugandan study mentioned above.

Youths misinformation from mostly unreliable sources of sexual matters in African societies; Peers and media programs remain the big problem.^(Bohmer L. and Kirumari E) This phenomenon is contributed by, elders quietness on over their sole responsibility of informing young people about the important changes in their physiological, biological psychological beings that would render them vulnerable for incurable HIV/AIDS.

Young people would continue to lack this important component of their progress towards adulthood because of the most African cultural practice whereby youth's exposure to sexual matters is considered immoral before marriage, as a result sex is perceived as a top secret in most

of the societies. The fact that HIV has its major root of transmission through sex, apart from contact with the HIV infected body fluids etc; the traditional African sexual dormant perception has more risk and damages. This makes hard for young people to disclose their sexual life since that behavior may be socially unacceptable e.g. Ugandan mother who argued that, *“as a parent, especially for the boy, I would start imagining he has started moving around with women and I would get much worried.”*^(Horizon)

Due to such beliefs, young people have fear to share their sexual experience with their parents or elders who could be of help in their sexual behaviors change. This would mean, it is even worse if the young people would attempt sharing with their parents about their ideas of going for the HIV tests e.g. male community members from Kenya argued that, *“within the age group under discussion, (11-24 years), there is fear, according to African culture, that a child in that group can not tell his father that he wants to go for an HIV test. You know this will mean that he is indulging in immoral behaviors and this is not acceptable”.*^(Horizon)

Such argument may not be entirely relevant to this generation, these cultural practices and beliefs need to change. In order to facilitate and improve the sexual life of our young people; parents, guardians and adults need to be fully involved. The idea that talking with youths will stimulate them into early sexual debut is not much valid to date because young people have sex in one way or another. Therefore, right to information, counseling and testing are necessary without which they will go ahead for their alternatives and often under influence of unreliable sexual information sources.

2.2: HIV/AIDS Counseling and Testing

The Voluntary HIV Counseling and Testing Centre (VCT) is among of HIV intervention measure with the purpose of giving education about living with HIV and avoiding infecting others, and to uninfected ones on how to maintain their sero negative status. It assist in early detection of the of HIV infection. It also assists individuals in accessing intervention and support services including management of infectious diseases. Moreover, it assists infected individuals in assessing their personal risks and adopting risk reduction behaviors. It does not work at individual level only, but also provides strength to prevention efforts particularly at the community level.^(Campbell, Jr. et al. 92-104)

Other evidence given out by Coovadia, for a positive impact of VCT services includes facilitating decision-making, accepting and coping with HIV, improving family and community acceptance, increasing condom use, and reducing gonorrhea rates and HIV transmission.^(Coovadia 57-63)

As a response to the above facts, Tanzania formed HIV/AIDS testing policy, which aims at promoting early diagnosis of HIV infection through voluntary testing with pre-and post test counseling. The main objective is to reassure and encourage the 85-90% of the population who are HIV negative to take definitive steps not to be infected, and for those who are infected, to cope with their status, prolong their lives and not to infect others.^(Prime Ministers Office) It is important therefore, for young people to use this service because they are among the risk group in this HIV/AIDS era, and they have all rights to information about their own HIV status and the right to use VCT services.

The study conducted in three countries, Kenya, Tanzania, and Trinidad, provided a strong evidence to support the fact that VCT is effective and cost –effective as a strategy in facilitating behavior change. VCT also is an important entry point for care and support.^{(The Voluntary HIV-1 Counseling and Testing Efficacy Study Group (2000) Efficacy of Voluntary HIV-1counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomized trial. 103-12.)}

The Tanzanian government through her Ministry of Health established the National AIDS Control Programmed (NACP) in 1985 to coordinate all HIV activities in the country. NACP has been establishing counseling services in the hospitals. It has trained hospital-based counselors to provide counseling to HIV/AIDS patients in hospitals.^(World Bank.)

Apart from those centers that have been established by NACP, other centers are being run by NGOs and other organizations like African Medical and Research Foundation (AMREF). By the year 2004, the numbers of VCT sites in Tanzania were 521. AMREF, with support from USAID and other donors has established VCT services at 45 sites in 21 Tanzania regions.^{(World Bank.) (World Health Organization (WHO))} However, most of the VCT centers are located in urban areas leaving the rural areas from not knowing what is going on with ultimate unbearable impact on sexually active youth.

Apart from positive achievements the VCT services have made, often they encounter various constraints because of anticipated and or actual stigma experienced by those who want to go testing and or living with HIV respectively. According to Nyblade et al in their study, they came

out with the fact that, those going for blood tests prefer anonymity to avoid social avoidance and fear of being finger-pointed. In addition to this, clients fear some of the immoral professional practices such as counselors and health workers who do not keep secrets and gossip with other people on health states of their clients. Moreover, some people fear from being seen on the waiting benches at the VCT centers or clinics which would be translated as having sexually misbehaving in the eyes of the passersby. (Nyblade et al.)

In order to know what are the factors behind youths accepting or not accepting the VCTs services, it is important to know what other countries have come out with in their findings on this issue. In an exploratory study conducted in Nairobi, Kenya, and Uganda with in addition to the anonymous, random, digital-dial survey done in Massachusetts in USA, main reasons for adolescents seeking VCT services or having HIV test were; for blood donation, pregnancy case, hospital procedures, health insurance, life insurance, job requirement, and military recruitment. Other reasons identified were for immigration requirement, fear of having had sex without condom, use of injecting drugs, influence by physicians, knowing the HIV status in general, distrust of partners, exposure to HIV risk, and due to service providers' referrals. Moreover to some, reasons were due to marriage plans, having HIV symptoms, and using VCT centers to get accurate information about HIV. (Horizon) (Samet et al. 371-77)

As well as in the qualitative study done in Malawi and population-based HIV survey in Zambia, reasons for getting tested were not much different from what had been found from the above mentioned countries. Various reasons were associated as the reasons of getting HIV test in Malawi, that the test could be due to long sickness with HIV symptoms that they have been sick over a long of period of time and they are losing weight. To some individuals is after the death of spouse whose cause of death is associated with HIV/AIDS. To some, whenever they feel that they are vulnerable to infection, for example someone with several partners or with unfaithful partners they will opt getting tested. Others are doing the test due to certain events in their life, for example, getting married, plans of having a child, requirement in a new job, scholarship application. (Younde PS and Priscila M.)

In Zambia the main factor associated with readiness of testing among young people (15-24 years) was due to self – perceived risk of being HIV infected. (Fylkesnes K and Siziya S. 566-72)

With all of the above reasons that make youths be among the important group in utilizing the VCT, they encounter various barriers that can mark as among the reasons for youths not using

the services. In the same studies (above) they came out with the barriers young people face in terms of seeking VCT services; some youths did not believe if the result were kept confidence, others wanted to avoid social stigma that other HIV positive people suffer, some did not think if the HIV positive result were accurate and reliable, others who wanted to undergo test did not know where to go for HIV testing and some did not want other people to know that they have undergone the test.

Waiting time and cost- sharing, even though it is small amount of penny to adults, prohibits some youths from seeking HIV test, worries of the positive results to be informed to their sexual partners and or parents were among of the barriers in use of VCTs services. ^(Horizon) (Samet et al. 371-77).

In Uganda and Nairobi, youths didn't feel at risk, the fear that they could not handle the result if they tested positive. Some youths argued that the positive results might easily lead to negative social and psychological consequences. Lack of information and misinformation was a barrier for youths accessing VCT services. Youths would like access to HIV testing and counseling services if the services are confidential, honest and inexpensive. ^(Horizon)

In Malawi young people felt that they were not at risk then they did not see an importance of testing. Other did not want to be seen going to VCT centers, for people will know that their HIV positive and they were worried about the meaning to their future. To some were ready to attend service whereby VCT service is free, the provision of result is rapid, if they are assured of privacy and anonymity and if they give enough time to have conversation with counselors. ^(Younde PS and Priscila M.)

Also in Zambia confidentiality was among the reasons behind negative response to VCT services. Individuals preferred to attend services whereby they are not known by VCT service providers and privacy was assured. Worries of meeting anybody whom you know at the clinic were among the barrier to young people accessing VCT services. ^(Younde PS and Priscila M.) In a qualitative study conducted in rural areas of Uganda, some participants in FGDs commented on having counselors who were not residents of the area, for they were considered more credible and would offer a greater confidentiality than residents. They even gave their suggestion that counseling should take place at neutral sites where confidentiality can be assured, for example, having private rooms. Few individuals thought that community centers like schools, churches homes, trading centers can be used to maintain anonymity. ^{(Kipp W, Kabarambe G, and Konde- Lule J. 699-}

^{707.)} Among other things found as barriers to access VCT services was poor perception of the health services marked as an obstacle to youth going for the health care. Easy access that was explained in two ways being among of the barriers, not only in distance but also easy to be visited by counselor that will make hard to maintain the anonymity. Even time spent when waiting for the result was among of the barrier for youths going for VCT services.^(Fylkesnes K and Siziya S. 566-72)

In Mali disbelief in AIDS marked as barrier to the potential use of VCT Services. In a qualitative study conducted in Mali various reasons were given out as reasons for those who did not believe in the existence of HIV/AIDS. In one of the Focus group discussion, young men argued that, *“I have heard about AIDS but I don’t believe in it because I have never seen anyone ill with my own eyes. It is for this reason that I don’t believe in it”* [Bamako, man, 17 years old, trader, no education (Youth D)].

A similar comment was given by young woman who argued that, *“In my opinion, AIDS is not a reality because they have not been able to find a treatment. For me, AIDS is a complication of another illness. If it gets to a very advanced stage, people say that it is AIDS.”* [Bamako, woman, 20 years old, student, higher education (VCT, F)].^(Castle 146-55)

The low rate of youths attending VCTs services found in Tanzania has also been reported in other countries. In the Massachusetts survey, the HIV testing among sexually active adolescents was found not to be common. Adolescents who were interviewed were knowledgeable that they can contract AIDS and believed that the likelihood of them being HIV positive was there; still they did not want to access VCT services and at a time of interview only 10% had pursued voluntary HIV testing.^(Samet et al. 371-77) Therefore, this survey supports the observation that young people do not seek HIV testing regardless of them knowing that they are at risk.

Findings on why youths access or not access VCTs services including HIV testing are more or less the same to different countries with different social, cultural and economic backgrounds. Some of the findings above could be true to the country the study is going to be conducted (Tanzania). However, it is very hard to give out a conclusion without any research findings.

Some of the reasons I find to be not applicable to the study area. For example, on the issue of accessibility and cost of the services, these are among of the things which are within youth reach in the area. There are VCTs in the district which provides free services to the age group of this study (15-24 years).

Transport from or to VCTs is not a major problem because Kinondoni is among the district in a capital city of the country (Dar-es-Salaam), therefore, access to public transport is within affordable cost. Other reasons given out as barriers depends much on the VCTs set up, youths HIV/AIDS knowledge, and service providers competence in dealing with youths needs. These may differ from one country to another. Therefore, instead of giving a generalization conclusion by using results from other studies, this work is going to give out the specific reasons on why there is low rate of youths attending VCT services in relation to Tanzania background.

Due to the fact that youths are more vulnerable to HIV infection and other sexually transmitted infections, there is a need therefore, to explore the youths feeling on the HIV problem and utilizing the VCTs as one of the HIV intervention measure. Their responsive attitude behavior towards VCT services would promote a better utility of the offered services and give grounds of safer life, hence the need of this study.

CHAPTER 3

3.0: METHODOLOGY

3.1: Study design

Silverman argues that the good researcher knows that the choice of method should not be predetermined. Rather you should choose a method that is appropriate to what you are trying to find out. ^(Silverman D.) No one method, quantitative or qualitative is intrinsically better than another. Krueger tried to highlight the differences between the two methods of data collection by stating that while qualitative approaches concentrate on words and observations to express reality and attempts to describe people in natural situations, the quantitative approach grows out of strong academic tradition that places considerable trust in numbers that represent opinions or concepts. ^(Krueger RA.)

Regardless the differences within the two methods, many research questions can be thoroughly addressed by combining different methods, using qualitative and quantitative method (triangulation). Triangulation was originally conceptualized by Webb et al as an approach to the development of measures of concepts, whereby more than one method would be employed in the development of measures, resulting in greater confidence in finding. ^(Webb EJ et al.)

Qualitative and quantitative strategies should be thought of as being complementary rather than conflicting or incompatible. Whatever method used, whether research is carried out under (predominantly) qualitative or quantitative, interpretation and conclusion need to be justified.

The present study conducted could also have been conducted by combining different methods, using quantitative and qualitative methods. However, the objectives of the study, the study design (exploratory), the availability of time and resources triggered the use of qualitative as a method of data collection.

The aim of the study was to examine the factors influencing young people's decision on accessing or not accessing the VCT services to find out what young peoples' knowledge on HIV/AIDS is and what their perceptions of the VCTs services are.

3.2: Study site and population

The study site was Kinondoni district in Dar es Salaam region in Tanzania. Kinondoni is one of three districts in the Dar es Salaam region, the country's major city. According to the 2002 Tanzania National census, Kinondoni had a total population of 1,083,913 people and out of this 286,585 were youths within the ages of 15-19 and 149, 865 were youths within the ages 20-24.

The study population involved female and male secondary school students within the age of 15-24 years from two secondary schools in Kinondoni district. Schools that were chosen for the study are Mbezi beach secondary school and Makongo secondary school. The selection of the Kinondoni as a study area based on the fact that it is among the places where accessibility of VCT services is undoubtedly good.

Youths aged 15-24 years old were chosen because they are within the age range anticipated to be highly sexually active and at high risk of contracting HIV/AIDS.^(Kaaya et al. 148-60) Within the limited time for the field work, students were suitable to be among of the sampled population representing young people because they were easily recruited in their school compounds.

Ten counselors from the two VCT sites were interviewed to give out complimentary information from FGDs and in-depth interviews findings from young people. The two VCT sites involved in the study were Mwananyamala Youth Centre which is basically for young people, and Magomeni ANGAZA centre which attends clients of all age groups.

Initially before commencing the study, the age group of the students planned to be used was the age between 15-19 years but was changed later on to involve age range of 15-24 years for practical purposes. These changes were made during the pilot study because it showed clearly that there would be problems in getting the good number of students who could participate in the study because most of them could not consent themselves. Moreover, very few within the age of 15-19 would have used the VCT services according to the local national VCT policy, which was the fact observed when the study was started in recruiting respondents for the pilot study.

3.3: Criteria for inclusion in the study

The recruitment of informants was done by two field workers by using the convenience samples which means the selection based on whatever person happened to be available at the time we visited the schools and VCT sites. The principal investigator was involved in selecting schools and VCT sites for the pilot study and to the field works itself. Secondary schools and VCT sites

were selected from the available secondary schools and VCT sites in Kinondoni district (Purposive selection).

A total of 8 FGDs were conducted with students. Two were for piloting. For the pilot study the groups involved in the discussion were gender mixed and were among those who had not been to VCT services. With the remaining six FGDs, two were of mixed gender and included participants who had not used the VCT services. Another two were among those who had not used the services however, done separately, male and female.

The remaining two were done with those who had been to VCT services one in a group of females only and another of mixed gender. I aimed at having all FGDs of the mixed group because I wanted to see how freer young people are talking issues concerning VCTs and if young people share information about the VCT services. However, this did not work to all because during recruitment some of the young females who had been to VCT services argued that they will not be free to participate in the FGD of the mixed sexes. Also some did not like to be known if they had been to such services therefore, their feelings were respected. This resulted into having one focus group discussion with only females' students who attended the VCT services. Participants in one focus group discussion ranged from 5-11 people.

A total of 24 in-depth interviews were conducted to students and counselors (VCTs Health providers). Four of the 24 in-depth interviews, were part of the pilot study; two were with students who have used the VCT services and the other two to those who had not been to the services. The other two were done to counselors. With the remaining 20 in-depth interviews, 10 were conducted to counselors and the remaining ten; five were with students who had been to VCT services and another five with those who had not been to VCT services.

The important factor in determining sample size to this study was the amount of resources and time available for conducting the study. The availability of resources and time may determine the upper limit of the sample size used in research. While choosing the sample size for this research the above factors had been considered.

3.4: Data collection

Research methods adopted in the field was focus group discussions (FGDs) and in-depth interviews and it was an exploratory study in design. Interviews which were conducted aimed at

gaining information on the perspective, understanding the meaning constructed by young people regarding the events and experiences of their lives in this era of HIV/AIDS.

From the objectives of this study of wanting to explore youth's knowledge, utilization and experiences on HIV and VCT services, I found young people were easily/best achievable using the interview methods. Interviews which were conducted permitted to get the greater depth of information and more detailed were sought by using open-ended questions. Any detail information's that was not brought up by respondents was sought through follow up questions (probes). Apart from recording the interviews and FGDs field notes were taken by interviewers.

3.4.1: The interview process

Students were recruited to participate in In-depth Interviews and FGDs. Students were identified through assistances of teachers responsible with students' social welfare. Respondents were given an opportunity to select the venue for interviews and discussions. Students preferred open places within the schools compounds. They found outside as convenient because most of time classes were occupied which could lead to misunderstanding during the process due to frequent movements of other students. Moreover, they suggested a day convenient for them, most of the interviews and FGDs were during the time when they had no classes. Students in these schools used for this study attend classes in shifts then there arrangements based on the free time.

Counselors were followed on their sites and site managers introduced us to their fellow working staff in those particular sites. Counselors who were ready to participate in the study were given chance to select suitable time and place for interviews. Their offices were used for interviews because the privacy was guaranteed and met with them for interviews during the late time of their office hours.

Ten in-depth Interviews were conducted with staffs who were working in VCT centers as service providers and to six students who had used VCT services and six who had not. In-depth interviews were done to give out explanatory data which helped to compliment arguments from the six FGDs findings. The focus group discussions were conducted first then followed by in-depth interviews. Social demographic information was collected from every respondent in the beginning of the interview or discussion which included age, sex and education level of each respondent.

Soft drinks and snacks were supplied during the interviews/discussions and reimbursements (transport assistance) were given at the end of interviews/discussions.

3.4.2: Data handling

Among the important thing observed in data handling while in the field was confidentiality concerning the information collected from respondents. The information collected from this study was not harmful however sensitive to some extent. For those individuals who gave their personal experience on using of VCT services confidentiality was strictly upheld. The audio cassettes were labeled by numbers and the date of the interviews/discussion conducted, however, few respondents were ready to use their names as identifications. People who had access to these recorded audio cassettes were only research staffs in the study.

Apart from being mentioned in consent forms assurance of keeping the information confidential was repeatedly stated during the introduction to every participant. Moreover, we told them that the information provided to us was for research purpose and not for any other use. Researchers were responsible in keeping recorded tapes and the transcripts.

3.5: Pilot-study

Bryman argues that it is always desirable, if at all possible, to conduct a pilot – study before administering a self – completion questionnaire or structured interview schedule to your samples^(Bryman A.)

A pilot-study has a role in ensuring that the research instrument as a whole functions well, moreover, piloting interview guides provides an interviewer with some experience of using it and can infuse them with greater sense of confidence.

Another contribution of pilot studies is that they allow one to identify questions that may produce data that are of no relevance to the objectives of this study. Through piloting, it may be possible to identify questions that make respondents feel uncomfortable and detect any tendency for respondents' interest to be lost at a certain juncture. In relation to the current research conducted, the pilot-study was used to identify any risk to informants that might be associated by this study. Moreover, it helped me to determine how much time on average an interview and FGD take, gave an assistants to become familiarized with the instrument. Moreover, the Pilot-

study assisted me in determining whether the methods for data collection and interview/discussion guides were appropriate before commencing the study.

The pilot-study was conducted and was done in an area different from the chosen study areas. Pastoral Activities and Services for People with AIDS-Dar es Salaam Archdiocese (PASADA) VCT which is a faith based organization and Tegeta High secondary school were the pilot sites.

As the principal investigator of this study I conducted the pilot study with the intent of looking for opportunities of obtaining new ideas or comments from the respondents on ways to improve the interviewing process. This was necessary to me to check if any change to protocol was needed however, no major issues were raised except changes was made on the range of age of youth participants as previously mentioned from 15-19 to 15-24 years. Besides this the study was conducted as it was planned.

The pilot study was conducted with respondents who were aware that it was a test of the instruments and at the end of every interview/discussion they had chance to comment on the content of guides whether they thought anything could be added, irrelevant or not clear and others alike. Therefore, respondents were told beforehand that it was pilot study however the findings might be used together with the findings from the actual study.

3.6: Personnel

The principal investigator was fully involved in conducting in-depth interviews and FGD's. Two research assistants were recruited. One was a social scientist and has been involved in research field works for more than six years and one translator. I did not advertise for the post of interviewer because I managed to find one with whom I have been working with for about six years and I know how competent he was. Due to the fact that he had been involved in field work for an adequate of time the training was on the limited to two days.

I contacted few people to select one person who could work as translator. From three translators who applied for this job one was hired. I used one day to familiarize them on what I was doing and what were responsibilities in the study as translator. To start with all of them were given one transcript from the first pilot study FGDs findings. The translated document from the transcript given to them gave me an opportunity to choose one who was the best among the three by checking on consistencies and the use of proper words without changing the original meaning.

During the training for the research assistants the topic of confidentiality and informed consent were thoroughly covered. I also used that time to familiarize them with the study by going through the objectives and methodology section of the protocol.

3.7: Work Plan

3.7.1: Phase I

3.7.1.1: Time frame

The time frame for this study was predetermined by the section for International Community Health (Appendix A). In accordance with the institute schedule, the spring semester of the year 2006 was devoted to development of the research protocol. The field work was conducted in Dar es Salaam Tanzania during the fall semester, from August to December, 2006. The spring semester of 2007 has been devoted to the thesis writing and submission.

3.7.2: Phase II

3.7.2.1: Data analysis

Data analysis started as soon as the early transcripts from the field work were ready, whereby data interpretation was done aiming at identifying any interesting new themes to be included in the coming FGDs discussions and In-depth interviews. Data from audios were transcribed and translated from Swahili to English for analysis and for the final report (thesis) which is presented in English. I used some time reading transcripts to become familiar with main issues. Initially data analysis was planned to be carried out with the assistance of the computer using the NUD*IST file, however, lack of access to this software forced me to use a different method to analyze the data.

Manually data were put into main and subcategories. In a process of reducing data into patterns each transcript was read thoroughly and numbers were set against each findings relating to the numbers set in main and subcategories.

From there data were arranged in accordance with identified themes. A Microsoft word file was used and themes were given a title or subtitle where findings were set to the relevant formed titles. The whole process involved with copying the data findings from the transcripts then pasting them into the new opened Microsoft file by corresponding with the title or sub title formed. Data were arranged and presented in a natural way, that is to say presenting data in a manner that

resembles the phenomenon being studied. After reading and making the coding notes then interpretation of the data was done. By using the number set it was easy to go forward and backward during the analysis whenever necessary to explore some more information from the transcripts or when I wanted to make a verbatim quotation.

3.7.3 Phase III

3.7.3.1: Dissemination of the findings

Fisher et al argue that, there is very little reasons to conduct research unless the results are communicated to others in a form that is both understandable and usable. (Fisher A et al.)

Therefore, the result of this study will be disseminated to various interested groups including:

1. The Tanzanian Ministry of Health.
2. Submission of copies of the thesis at the University of Oslo and to the Muhimbili University College of Health Sciences.
3. Dissemination of findings at local, regional and International conferences.
4. Publication of findings in the NORAD Fellows website.
5. Publication in the reviewed International Journals.

3.8: Ethical Considerations

3.8.1: Ethical clearance and approval

Conducting research that is ethical requires a commitment that lasts not only throughout the life of the research project but also afterwards, at the dissemination stage and even beyond. Prior to this study the ethical clearance was approved by The National Institute for Medical Research (NIMR) in Tanzania. Permission was obtained from the Ministry of Education due to the fact that among of the population used for the study are secondary school students.

I submitted the protocol to NIMR including letter from the Ministry of Education with the ethical clearance secured from Norwegian Ethics Committee of the 2006 (Appendix B). The protocol was reviewed and found scientifically sound and worthy. A letter of acceptance was granted to me and gave an opportunity in commencing the study (Appendix C).

Finally, regional and district administrative officials were consulted for requesting their permission to conduct the study in their areas, this was easily accessed. Introductory letters were provided to selected areas for this study.

3.8.2: Informed consent

There were two written informed consent form I was to respondents within 18 years and above, who were eligible to consent by themselves while number II was for parents/guardians who consented on behalf of all participants below the age of 18 years. (Appendix D)

Parents/guardians were contacted through the assistance of the students. I obtained some parent's cell phone numbers then I scheduled appointments in order to provide a brief introduction on the study and requesting their approvals on their child's behalf. To few I had to give the respondents the consent forms one day before the interview/discussion to give to their parents/guardians for their approval and this worked well. The only accepted criteria was that the consent forms had be signed in the absence of researchers, when it was found impossible to meet the parents/guardians within the limited time, or by the nature of the job in which they were involved. The majority of parents to whom the consent forms were sent home were only accessible during the evening.

This was an obstacle for the research team. However, we were able to obtain a signed informed consent form from either the individual participants or parents/guardians.

Ethical consideration has been careful observed when conducting the study, that during the course of study several things were checked out, such as, no one was harmed while carrying out the study; informant were comfortable, no emotional discomfort or distress was observed; there were no violation promises of confidentiality; and explanations of the purpose of the study were given to every participants before the interviews/discussions commenced.

Apart from the fact that this information was clearly written in the informed consent the brief introduction was done for every participant. Also they were told that their participation was voluntary and they were free to leave the study at any time; that they were not obliged to answer any questions they felt uncomfortable with and they could interrupt the interview at any point without having any negative consequences to them. Permission to record the interview and FGDs was sought from respondents after the introduction. Duration of the in-depth interviews ranged from 30 minutes to 1 hour. The focus group discussions lasted from 1 to 1.30 hours which was within the estimated time mentioned in the informed consent. Opportunities were given for them to ask questions or to have interview questions clarified.

CHAPTER 4

4.0: FINDINGS

In-depth interviews and Focus Group Discussions were conducted to young people in Kinondoni District, Dar es Salaam region to determine their knowledge on HIV/AIDS and their perceptions, experiences and utilization of the Voluntary Counseling and Testing (VCT) services. Questions were also asked about why the young people undergo or why not attend the VCT services. Counselors were interviewed to complement the information gained from the young people's FGDs and in-depth interviews. The main objective was to examine the factors influencing young people decision in accessing or not accessing the Voluntary HIV counseling and testing. This chapter presents the results of discussions and conversations held with informants.

4.1: Knowledge of HIV/AIDS

The question asked to this theme was, what are the young people's understanding of the HIV and AIDS. Almost all young respondents were capable of explaining what HIV and AIDS are. Routes of HIV transmission ways mentioned by students were through sexual contacts, sharing of non sterilized sharp instruments like needles, razor blades, toothbrushes. Others were through blood transfusion, mother –to –child transmission, taking care of the AIDS patient without protection. Moreover, some articulated the possibility of being infected through blood contamination for those who are involved in road accidents. Respondents agreed on sexual intercourse as the major route of HIV transmission. Means of prevention mentioned were: abstinence especially for unmarried individuals, faithfulness in sexual relationship, not sharing sharp instruments, and screening blood for transfusions. Other means of HIV preventions talked about were using protection (gloves) when taking care of the AIDS patient, providing professional assistance to HIV positive pregnant woman during prenatal, at delivery and at postnatal care, and also use of condoms during sexual intercourse.

Though young people were very aware HIV and AIDS they used the two terms interchangeably. This was also confirmed by counselors who reported using much of their time providing young clients with more knowledge on the differences between the two. One of the young informants,

who had visited VCT services, narrated what she knew as the differences between the two terms as follow:

About HIV, I know is a situation whereby a person starts to be sick and AIDS is situation whereby a person may have the disease but he/she has not started to get sick. (In-depth female student # 5, 2006)

Discrepancy in young people's knowledge on HIV/AIDS was observed when some believed that educated people who are also knowledgeable about HIV/AIDS could not be infected by HIV. They even went further in their thinking that even if it happens to be infected, it could be mainly accidental because they know how to protect themselves. Contrary, some informants thought of illiterate people as easily infected by HIV because they are likely not having HIV/AIDS knowledge. The following argument was brought forward by informant who had been to the VCT.

.....therefore to an educated person he/she cannot get HIV. If he/she gets it will happen accidentally because they know how to protect themselves and in cases where he/she does not like to use protection then he/she may decide to abstain from having sex. To uneducated people they are easily infected by HIV because they lack HIV/AIDS knowledge. (In-depth female student # 3, 2006)

Respondents were also interviewed on the level of knowledge of young people about HIV/AIDS. They agreed on the fact that young people from urban areas are relatively knowledgeable than those in rural. The informants thought that exposures to HIV/AIDS prevention, intervention programs mainly concentrated in towns so it could be the contributing reason among others. Moreover, they thought of young people who had been to secondary education having more access to HIV/AIDS knowledge from their studies, whereby HIV is taught as a subject in classes and from intervention efforts geared to secondary schools. This respondent explained why in rural youth's knowledge about HIV/AIDS is low compared to urban youth:

And to those who are in rural area, I think their understanding is minimal because rural areas lack VCT services, peer educators are not there, mass media communication are accessible to few individuals, very few have radios, even these HIV campaigns are not there. Therefore, in such environment their knowledge to HIV/AIDS is very low. (In-depth female student # 6, 2006)

Besides respondents having an agreement concerning the people who are in town being more knowledgeable on HIV issues, they also saw the importance of individual involvement in HIV prevention campaigns programs as a factor behind having such knowledge. Counselors commented about youth who had been to secondary education that besides having such studies at schools when they attend counseling session they identify a lot of misconceptions among them. This counselor talked about academic achievement as not being guarantee of having HIV/AIDS knowledge.

I can say that the level of knowledge on HIV/AIDS does not depend only on the level of an individual education but on how much that person is involving him/herself in such activities (HIV/AIDS campaigns) in the Community such as by Peer Educators who go around in the Community and give HIV education to people. (VCT male Counselor # 3, 2006)

Therefore, this reflects the fact that residing in urban or being educated should not be considered as a guarantee to someone being knowledgeable about HIV/AIDS. Sources of HIV/AIDS information that were mentioned were: HIV/AIDS programs campaigns; young people initiated camps (Self initiated group of young people for HIV prevention), mass media communication, VCT Centers, schools, parents, and friends.

The counselors concluded saying that, there was a need to give more HIV/AIDS information to young people because their experience shows that they do not apply the knowledge they have on HIV/AIDS. Counselors argued that youths have a tendency to forget and need to be reminded as illustrated from the counselor:

We provide them the services but when they come for the second test you find them saying I slipped (meaning doing something unexpected) for example, I did this and that, For sure they need to be provided with more knowledge. Youth's have a tendency of forgetting, they are easily cheated, this is the group of people who like to test and they change time to time. (VCT female Counselor # 8, 2006).

Conclusively, informants agreed about the fact that young people who involve in HIV/AIDS campaigns, students, and youth in town they have more access to HIV/AIDS knowledge than the rest.

4.1.1 Use of Condoms

Condoms were mentioned by many respondents as one of the HIV preventive methods. They also talked about various issues over condoms such as their accessibility, effectiveness and proper use. To such experiences informants had the same arguments on the fact that condoms are easily accessible in urban than in rural parts. They also agreed on the accessibility of condoms could make someone think of using or not. Moreover, they demonstrated their understanding that not all youths are positive to condoms as result some do not use them. One of the counselors narrated how condom's accessibility could influence the potential user's decision on whether to use or not:

In the shops for example sometimes back, it was in October when I went to my village for the holiday. When I was going around through the available shops in the area may be you find that only one shop was selling condoms. Condoms are not there (laughter), the services and health information are highly needed there. Sometimes you could find that shops are in town then for someone to access them he/she needs to travel for a while to reach then either by bus or walking to reach them, as a results people do not use condoms (VCT female counselor # 12, 2006).

Concerning the effectiveness of condoms, young people were aware that condoms cannot protect from HIV infection as per hundred percent as far as HIV/AIDS infection is concerned:

The way I know condoms cannot prevent in 100%, it is about eighty percent and what about the risk with the remaining twenty percent (FGD, # 3, 2006).

Some of the young informants mentioned that the effectiveness of condoms is affected by incorrect use. Counselors also agreed on the fact that young people lack proper information on condom use. Contrary to young people saying that they use condoms as their protective measure against HIV infection, counselors said that when young people are asked to demonstrate on a penile model how they use condoms they see many things are done wrong. The following is the description by a counselor of how wrongly condoms were used by young people:

Very few use condoms in a proper way, majority they use them wrongly. A person may use the condom that has expired, two condoms per single sexual contact, or use one condom more than one time (repeatedly), or may use condom to the first act or even to the second one (run) and afterward could continue without any protection. In this case,

therefore, most of them do not use condoms effectively and in consistently. After all even the storage after buying is not good because you find a person putting it into a pocket wallet where the temperature could easily damage them. Others may simply buy condoms without checking the last date of use, so you find him/her taking a condom and start using it and consequently such condoms burst. (VCT female counselor # 4, 2006)

Young respondents who had a different perception towards condoms believed that condoms does not benefit youth's instead they motivate them to have sex by thinking that they have protection. Others went on arguing that condoms were not primary meant for HIV infection protection rather for pregnancy control then let them being used for the same purpose. Arguments from young people concerning condoms:

May be condoms benefit others than young people the way I see rather they motivate them on having sex because if someone has condoms he/she feels safe that I can have sex any time because I have something to protect me from HIV infection (In-depth male student # 4, 2006)

I am told that condoms were available since those past days for pregnancy control then should continue being used for the same purpose and not for HIV preventions. (FGD # 3, 2006)

The above presented results show that condoms can be protective if proper use will be adopted otherwise if improperly used condoms can be a risk factor leading to HIV infection to youths. Furthermore, different understanding and perception about condoms acts as a pushing factor to an individual decision in using them or not.

4.2: Voluntary Counseling and Testing (VCT) services

4.2.1: Knowledge of the VCT services

All of the interviewed young respondents appeared to be generally knowledgeable about the VCT services, regardless of whether one had attended the services before or not. However, the majority could not mention all components of the VCT services. The most known VCT activities to them which were frequently mentioned services being offered in these sites were HIV testing, treatment of STIs and as source of HIV/AIDS information. Having noted HIV testing as a barrier towards youth's attendance to VCT services; respondents agreed that most of young people are

not aware that they can attend the VCT services without having the HIV test. However, they knew that the services were voluntary offered to individuals.

Sources of the VCT services information were more or less the same as of the HIV/AIDS knowledge mass media communication were again mentioned such as television, radio and newspapers, HIV/AIDS campaigns programs, and friends who have been to such services. However, informants had also mentioned that such sources are accessible in towns and therefore the likely beneficiaries are youth living in urban areas, compared to their counterparts from rural areas.

4.2.2: Youth's experiences to the VCT services

Apart from informants having narrated their experiences, most of them shared VCT services experiences their friends and family members had. Fear was frequently mentioned being among their first experiences when they attended VCT services. They mentioned fear that had been triggered by their ignorance to the factual and procedural activities being done at VCT centers. Informants reported that some could fear that they could be forced to test their blood, and others feared on the outcome of the results (HIV positive results). However, majority pointed that at the end of the services such fear would fade away after receiving some counseling and would not care much about the final outcome of their blood test.

At first time it is fearful, you get afraid, but as you continue talking to them (counselors), fear fades away to a point of normal conversation whereby you would talk and argue freely. Automatically one is afraid of being forced into testing his/her blood (that may be they may screened by force), or may be I have just come to screen and I discover to be HIV infected, what will I do then? Am I not simply going to die? I mean you develop a series of questions into your head, most of which you will have no answers for. But as you continue with those counselors you continue to getting the answers, and automatically again you find yourself in a good mood. (In-depth male student # 2, 2006)

Based on the fear discussed above, some informants reported fearing the whole process of blood sample drawing for testing. However, those who have been to VCT services expressed their different experience that injections for drawing the blood are not painful but youth are just looking for excuses for not attending the services. Similarly, other worries arouse to young

people related with some of the questions asked by counselors in counseling sessions, as illustrated in one respondent's accounts:

There are some questions, which are being asked that makes someone worried. Questions such as, why did you decided to come here for test, supposes you're infected what will you do? Such questions create worries to them. Counselors are interested into knowing once the testing results are HIV positive what will client do because to their experience most of them afterwards seemingly disappointed would think of them dying soon. As such some people are worried undergoing VCT services due to such encounters. (FGD # 4, 2006)

In contrast those who have had attended and received the services were positive to those questioning. They understood that such questions are important to counselors for them to have background over an individual plan before counseling session because clients' go there with different needs even the capacity of handling the results of the service they attend differs. In efforts to compliment clients experiences, the interviewed counselors agreed on asking young people such questions and their arguments concurred with youth by saying those questions are important in making the individualized plan; they also assist them to know in details about the client they attend especially when doing the risk assessments. These questions can be embarrassing or disturbing if they are asked without application of proper counseling skills. Counselors said that, before asking such questions they assure clients on confidentiality over the content of their discussion. Moreover, they reported telling their clients before hand that the following questions about to be asked are personal and the reason for such inquiries. Questions are usually asked in open-ended way in order to provide room for open and free discussion. In support of counselors' procedural session, one of the youth informants had this to say:

To my feeling, I think those who say so they have the fear of using such services and now they try to justify their reasons for them not using the services. Such questions are very important for counselors in knowing how they can conduct the counseling session with you. Everybody goes there with different reasons and needs. If they will have the same counseling session to everybody that could not help in preparing a client to receive his/her results. I insist that those questions are very important. (In-depth female student # 3, 2006)

Counselors and young people seemingly agreed on the fact that those who have not been to the VCT are those with such worries that they just hear or they have been told by friends who have

been to VCT services that there are such questions which could have variability on individualized interpretation of the information.

Initial factual experiences on VCT services were reported by young people who have been to the VCT services to be of much importance in deciding whether to attend the VCT services in future.

Eventually things that were mentioned interested them when they attended the services were such as the warmly welcoming at the reception, VCT staff with welcoming faces, and staffs' who are committed to their work. They also talked about having enough time preparing for receiving results, that they give opportunity to ask questions on different issues concerning HIV/AIDS. Another appreciation by youth's is less time they spent at the premises in a counseling session or waiting for results. Apparently young people seem to be interested in attending the VCT centers that provide them with the result of HIV testing on very same day they attend the centers. Other commented that, they would like to receive the HIV negative results. Also they were concerned with counselors who keep clients secrets they were more appreciated and liked most. They agreed that contrary to counselor's confidentiality keeping might lead to some not using the VCT services. However, not all of them had the same experience like to this respondent:

The way I know in the counseling session people are exchanging ideas because counselors need to give you chance to say out what you know about HIV/AIDS and he/she will be clarifying in unclear explanations (ideas). But to them(the centre attended) it is different, it is like someone who puts on the cassette and you are listen to it, they never give you a chance of asking questions. He/she will be talking and telling you that you're supposed to do this and this for HIV prevention, he/she will be talking all the time and may be you will be given a chance to ask one question only. (FGD # 8, 2006)

Another disappointing experience mentioned by young people was about the accepted age an individualized consent for HIV test. Some informants reported having being denied the services when they were 17 years old, some when 16 and others when 15 and 14 years. The acceptable age for HIV test according to Tanzania policy is from 16 onwards. Any one below this age being interested to attend the services must by law, be accompanied by a parent or guardian to the services who would consent on behalf. It was noted by counselors and young people that such policy results to some interested youth's being pushed away from access. This young informant had encountered such experience, and besides all her interest, she ended up denied the service.

She (the counselor) told me that first I tell her what was my age. It was last year; I told her I was fourteen. She told me I was too young to test for HIV; it will not be possible; because I was below the accepted age they considered me that I was a child. (In-depth female student # 8, 2006)

When counselors were asked about their consideration on young people who are below the legible age for the VCT services, they agreed that sometimes the application of this policy denies youth who are below 16 years freedom to access the services. They also talked about them being aware of young people who are less than 16 years that they are sexually active hence HIV test is important to them. One counselor described what is happening to young people under 16:

It is true we are aware that there are some young people who are below sixteen years are sexually active or may be already they are in risk of HIV infection. What I want to say about this is that, this is due to the government policy. They argue that psychological maturity is from the age of sixteen and above and to someone who is below that age it means has not reached the maturity age and he/she is not grown up enough to receive such results. (VCT female Counselor # 2, 2006)

An idea of parental consent was seen as an obstacle to some youths because some do not share with parents or their guardian's things that are related with HIV/AIDS, VCT and sexuality. In return few who decide to share with their parents, some tend to think that their children are prostitutes, as illustrated by the counselor below:

To some parents when they see their children coming here to our site they say he/she has started involving in the sexual affair and they might beat him/her, you get me. (VCT male Counselor # 3, 2006)

Another thing that was observed as a shortcoming to the provision of VCT services to youth under sixteen was said by counselors was that they have no skills on how they can conduct the counseling session to two clients, that is to the under sixteen and the guardian. In the training course counselors are told that they cannot provide test to below sixteen without parental consent but nothing is taught to them on how to do such counseling. The following was said by one of the counselors that:

We have not been trained on how we can do the counseling for two people, someone with her/his guardian but when two are coming as couple that we know. (VCT female Counselor # 9, 2006)

What has been observed during data collection even young people were against this policy which needs those below 16 years of age being consented by parents or guardian because they see as an obstacle to them accessing the services by asking how am I going to tell my mother or father that I want to attend the HIV test.

4.2.3: Parents and relatives attitudes to the VCT services

Parents and relatives were said to be barriers to young people who want to attend the VCT services. In some occasions youth were motivated to attend services but whenever they shared such information with their parents or family members they were blocked from use. What has been observed in the findings about this that fear and lack of information to parents and relatives were perceived as triggers of negative attitude towards VCT services.

They have their own way of understanding on this matter and so long they are in the same environment then they have a certain common belief to HIV/AIDS that it is for prostitutes. This can cause many young people not using the services (FGD # 8, 2006)

They commented that it is not the same for every family member because there are some parents and relatives who are very positive with the services.

Family member who had access to HIV/AIDS education were said to be more positive.

Counselors talked about programs that are in initial stages and few parents attend seminar and share the knowledge gained to other people from their areas. Counselor narrated on their experience when conducting such seminar to parents was as such:

Always when we start our class with parents we do the value voting and in this value voting (parents put in ranks according to how they value the VCT services) we aim in knowing parents observations in this services ok. At the beginning they respond in different ways you find some misunderstanding until at the end when you will be repeating the value voting you find that there are some changes they start to see the VCT services are important.(VCT male Counselor # 3, 2006)

The challenge which counselors identified to these efforts when parents are told to convince their children to attend the VCT services given on the fact that VCT services are voluntary. It might happen that parents would be ready to assist and motivate their children to attend VCT services but young people decision on accepting the services is important component if the target is geared to have successful results.

The notion of young age was not only to young people but also to parents. Parents were said to have that notion by considering their children that they are still young even if their age allow to decide independently without parental or guardian consent. An example of parent response given to her child when she told her intention of undergoing VCT services:

...a child like me when I tell my mother that I have heard about HIV/AIDS and I would like to test, mother will start saying my child since when you are you able to say you known about HIV/IDS, and what have you done you are still a child. (FGD # 5, 2006)

From the findings parents and relatives associated VCT services with prostitution and it was found that due to such understanding prohibit them and other people around them accessing the service.

4.2.4: Quality of the VCT services

Most of the young people interviewed talked about the good quality of the VCT services. Youth narrated on the VCT to be of more value to them and that they provide health assistance. They mentioned that so long up to now AIDS has no cure the solution to such diseases are found in the VCT services by getting counseling. Young respondent talked about the importance of VCT that:

The way I see these sites are valuable and they assist much young people even to adults because some of the clients goes there without information on a certain issues and when he/she goes there he/she gets counseling and the knowledge on what was not familiar before. Also they assist in checking the sero-status My own experience in using these services I have managed to know my sero-status, I have learnt what are the side effects, ways of transmission, and how to assist others.(In-depth male student # 11, 2006)

Also young people appreciated on the available VCT services, they pointed that the premises were their source of HIV/AIDS information. This is an example of what has been said by many informants:

If you aim at going there to receive something you go to ask and every time you ask, if you want to know of AIDS you get that answer. Therefore, I think these centers for counseling offers good service. They help much surely, because their offices are open and when you go there you get good services and they help in one way or another. (In depth female student # 10, 2006)

Counselors talked about them giving the pre-testing in groups to minimize time spent by clients on premises. They provide the health information in groups and things that are concerned with personal issues like risk assessments are done individually. Counselors identified this that it helps much in attending many clients per day. When probed how efficient this could be considering that clients are of different sexes and age, they mentioned to have experienced female youth (clients) lacking the freedom of active participation in the group. One of the counselors said after observing this she decided to separate such group by having females separated from males.

Boys are freer than girls, and if you decide to mix them when doing the pre-testing group counseling it becomes hard for girls giving any contribution in the discussion. At first I saw this problem then I decided to talk with girls separately. However, for boys even if you group them they are capable of talking and are not worried, after all they see themselves falling into the same age even their life experiences are the same they find ok. But for girls do not want to be in groups as a result will not be able to express their feeling freely (VCT female Counselor # 11, 2006)

Beside relative good quality of the services provided by the VCT centers, as experienced by respondents, other informants had experienced shortcomings to it. At some of the premises young people attended for the VCT services results are not given out on the same day which was not appreciated not only by youth's but also with counselors. Young people agreed on the extended worries one might have when waiting for results especially when they take that much longer. Even counselors talked about the low return rate which is associated with results not being shared on the same day.

we give results after one week, yes we send the blood sample there(at the head office) and it has reached to a point whereby staff from the municipal, clients and ourselves we find some difficulties as to why people should be waiting for their results for such long. (VCT female Counselor # 12, 2006)

Moreover, respondents narrated the possibility that quality of the VCT services is being affected not only by the shortage of counselors but also skilled personnel in to this field. They reported about professional invaders that, there are some people who are not counselors but claim to be counselors as result the services are not provided with good quality. This counselor expressed

about her doubt on the quality of the services when a counselor is obliged to attend many clients due to shortage of staff.

VCT sites are few and counselors are few and you find one counselor is attending so many clients and others cannot be attended. Taking me as an example, there times when I am being overloaded because I am alone at this site. As a counselor sometimes you start thinking on the quality of the counseling I am providing if it is really at acceptable standards (VCT female Counselor # 9, 200)

4.2.5: Confidentiality

Most young people are concerned with the confidentiality of the VCT services. Some of the young respondents aired their worries that counselors cannot keep the clients secrets because they are also human beings, prone to making mistakes. Moreover, some gave clarification on the whole issue of confidentiality arguing that it is hard to judge if counselors keep secrets or not. However, to most youth's who had been to VCT services mentioned about counselors keeping clients secrets while those who have not been to VCT services appeared with such worries that may be they do not. One of the informants who had not been to the VCT services and had this to say:

We can not say they are confidential or not that is a private issue, but I am just thinking, if that counselor has a friend and meet on the way and they see you passing by, can't the counselor say let me tell you the secret, that one is infected. I don't know I cannot speak on their mouths (for them). However, the counselors need to be trained on how to be confidential (In-depth female student # 8, 2006)

Contrarily to what has been said that counselors can not keep clients' secrets a young informant who had been to the VCT services had this to say:

Indeed, they are very much trustworthy, they are very much trustworthy. What you discuss there will be between you two and nobody else will have access to it. However, I do not know if they share among themselves (counselors) that I do not know. Even myself when I attended there for my own problems since then I have never heard from any other person leave alone that man (counselor) we live in the same street, but I never heard anything. In short I can say that health providers are strictly confidential. (In-depth female student # 3, 2006)

In a supportive way to what was said by some young people concerning the issue of confidentiality counselors said that ethics are the foundation of their work, they have been taught how to abide by the rules and it is among one of the other things included in the contract of employment. They also elaborated the way the services are conducted and how confidentiality is being maintained. As such counselors insisted on not asking clients real names, the results of blood tests are also identified through special numbers, results are not provided in a certificate as it is done with other medical services, and counselors never attend clients whom they known personally. In this case counselors insisted that under such circumstances, it is not easy that the secrets will be revealed to other people. Respondent pointed out that counselors who have not been to HIV counseling training might work contrary to their ethics including confidentiality keeping.

4.2.6: Cost to the VCT services

Most of the young people interviewed were aware that the VCT services are free for their ages. However, they were doubtful if such opportunities are available in all centers, saying that at some VCT sites the services are paid for regardless of the age of the clients. The exempted age for screening of HIV extends up to 24 years of age. Youth were worried if many of them have access to such information about the exempted age. Their worries were much on the targeted people who are in rural areas by assuming that may be such information has not reached them because most of them had no access to mass media communication where such information are aired. Moreover, young people gave the experiences on the VCT services available in centers located within rural areas. An example where services are paid regardless of the age as how it was presented by young respondent that:

If you go to some of the centers (Concealed VCT centre) for the HIV test you pay 1000.00 Tanzanian shillings, this was at the end of last year. When we say that the services are free it is not to all places. However, to those centre I attended the services are free then it does not mean that this is the same to the centers available in the country; it is only to some VCT sites (FGD # 8, 2006)

Respondents talked about cost which is associated with attending the VCT services, mostly among those mentioned were costs involved in transportation to the location of these centers. As a result most of these centers are located far away from residential areas and mainly within

health facilities some interested youth have difficulty reaching those sites due to not having enough money for traveling.

4.2.7: Treatment services

Treatments of STIs are among of the issues mentioned by respondents' experiencing of the VCT services provision. Some VCT centers have the STIs treatment integrated into the sites, and to those without such component, clients are referred to hospitals. Youth reported that availability of the treatment services in the VCT centers attracts them to look for the counseling and testing services. An example of this was said by young respondent that:

And after he/she had been healed you may find one is having the feelings, or something is forcing him/her to go again at the site for more check up. Therefore, there are various problems which force young people attending VCT services (In-depth female student # 3, 2006)

Besides youth's preference for STIs treatment at VCT, the interviewed counselors reported that VCT centers are limited from doing such activities (treatment), regardless of the fact that some of them are capable of doing that because many of them working in VCT centers are health providers from hospitals. A counselor's explanation to this was as follow:

Yes, in such situation you must advice the clients and explain to them that it is important to go and see the doctor for examinations which will lead into getting proper treatments. Counselors have limits; we can not work on both duties at a time. (VCT female Counselor # 9, 2006)

Moreover, young people were aware that AIDS has no cure and therefore the treatment provided in the VCT centers and in hospitals had to do with STIs treatment and opportunistic diseases.

Young people prefer being attended in one site rather than being referred to hospitals for treatment or other services because their doubts were on the attitudes of the hospital workers to them as youth, if they attend with medical problems like STIs. To their experience, reported that staffs from hospitals and similar other centers are having negative attitude to young people who have STIs, blaming them involving in sexual intercourse at early ages.

In this case young people suggested to find all the important services confined in the VCT centers. Youth agreed on counselors having polite language to young people regardless young people behavior compared to most of health providers from most of the health facilities. They

argued that if someone could reach the decision to attend the VCT services which they consider as a hard decision to be attained by individual then they thought it could be better for such individual to be attended fully at the center of their choice instead of going from one point to another. Counselor supported young people feelings by saying:

I agree with what is being suggested by young people because if in all of the VCT centers will have the treatment component it will serve time, costs of following up the services and those blames whereby young people with STIs are judged with promiscuous behavior by some of the health staff in our health facilities would be reduced. (VCT female Counselor # 8, 2006)

Furthering the discussion on the STIs treatment component, most of the health facilities charge their patients for the services and treatments provided. This was the youth's concern, and they talked about the treatment services being expensive in some of the hospitals to which they are referred, which was said to be hard to be attained by many young people. They also narrated that, some of youth attend in particular VCT centers, only after confirming that, other services such as STIs screening and treatment are also done at the same centers. Informants agreed that the VCT without treatment services acts as a limiting factor to some young people accessing the services.

4.2.8: Location of the VCT centers

Respondents talked about the location of the VCT centers whereby various thoughts were aired. Some were not pleased with the location of the available VCT centers which are mostly found within health facilities. Some argued that this is not a proper place because people will begin to think that you went there attending treatment related to AIDS. They talked about stigma, that people are still not well informed about this problem of HIV/AIDS. Furthermore, centers around health facilities are not suitable because you are likely to meet several people. While some respondent were against with the VCT centers being located in hospital compounds others were for it. One respondent has this to say:

To me I think these sites are located in accessible areas for example; those which are within hospital compounds, because I see some of them there, personally I see no obstacles concerning their location. (In-depth female student # 5, 2006)

Some of the VCT centers to their own reasons are put in places where young clients are exposed to stigmatization. Such centre was mentioned by a young respondent:

For example, you may find that the site like one I know in town is within the guest house. Therefore, when going there crook young people will tell you, you're infected that is why you come here, therefore you may find that someone will feel shameful of going there trying to protect their social status. (In-depth female student # 3, 2006)

The idea of the VCT centers to be implemented near school areas where many young can easily access them was supported by many respondents. They also talked about young people who have limited access due to the cost involved during following up the services will be accommodated in such arrangements. Another issue emerged from the field informants agreed on youth could be influencing each other to attend the services if VCT centers are within their easy reach. In contrary, some of the young people talked about their experience to the services which are being brought to their schools. They said that most of the students are more interested with the entertainments which are integrated in the VCT services during the process and not to the health information or testing which is a core purpose of bringing such services near them.

Others believed that the VCT centers could be in any place within the reach of clients and there is no need to treat them different from other health services. Among those who agreed with the VCT sites being located in any place so long they are within people access said that:

I think VCT sites can be anywhere if within hospitals compounds; it is ok because with other sicknesses we go without fear, now why the HIV/AIDS services should be treated differently, that they need to be seen as secret and this makes a number of people continue fearing in using the services and consider as something peculiar and not normal. I suggest that the VCT sites should be anywhere so long they will be accessed easily by customers. (In-depth female student # 10, 2006)

No consensus was reached by young respondents about the location of the VCT services; each group had reasons for their choice.

4.2.9: Access to the VCT services

As previously introduced the issue concerning access, almost all respondents narrated that young people who have an access to the VCT services are those who live in urban areas while rural parts have been denied of this service. Even to those who have not been to rural areas they knew that access in rural areas is hard. Such information is shared by their relatives and friends concerning the access to the VCT services in rural. Leave alone them saying the VCT services

are easily accessible in towns but still they are not enough if you compare with the number of people residing in those areas. Young respondent observation to this:

Even in the urban these centers I can see for example in Dar es Salaam they are few if you compare with the number of people. In some areas there are no such services and it becomes very difficult for people following the services where they are. (In-depth male student # 2, 2006)

They also talked about efforts, which are being implemented to improve VCT services in rural areas whereby the mobile VCT services have been introduced. Counselor elaboration on the VCT mobile clinics that are currently operating in the country was:

... AMREF established mobile services, counselors go in rural areas and stay there for about two weeks in every place where they decide to camp. (VCT female Counselor # 2, 2006)

However, some young people were not positive with such solution saying this is temporary because they do not settle in one area. As a result someone might be in need of their services and at that particular time they might not be around. This can make someone completely stop looking for the services. Young people wanted permanent sites to be implemented rather than mobile ones, because the latter are temporary and are not accessible all the time.

I agree with the efforts that are being implemented by providing the mobile services but I think they do not assist much in areas where even health facilities are not available because in time when they are not there people have no place to go, therefore I am after the permanent centers. (FGD # 9, 2006)

However, those counselors who have been involved in providing mobile services agreed on such services to be of much help to people whom access to the permanent centers are not within their reach.

To my experience these mobile services are very important now in time especially to rural areas where access to the VCT centre is not promising. We attend many people and they appreciate our services because in most of the areas we visit there are no such services. (VCT female Counselor # 7, 2006)

When counselors were asked if young people attend those mobile services in rural areas, they acknowledged getting some youth who come for the services. They reported that mobile services are not special for young people, they attend others as well. Furthermore they talked about the

experience gained from field work that most of the young people whom they attend are coming from far distances.

Voluntary counseling and testing centers are generally few; however, those that are specifically offering services for young are even fewer according to respondents' knowledge about this. Counselors were asked about the number of VCT sites which are special to young people in Tanzania. They responded to be very few and agreed that there are no government efforts which are invested in implementing such services. This counselor who work in the center which is special for young people, talked about the available VCT centers special for youth that:

According to my understanding, it is okay there are many centers offering such services to the young people but I don't know if they are special for youth's and if they have the same component of services like ours whereby we offer treatment for STIs, we provide family planning services, different games and theater performance by youth's are among the services we provide to young people and youth are much involved. I know that there is another center in Iringa region which is special for young people I have never heard of others. (VCT male Counselor # 3, 2006)

To these few emerging sites special for young people are under Non government owned organizations. When we interviewed young people concerning this issue, most of them were interested to be attended in VCT which are special for them however, the limited number of such VCT centers acts as an obstacle to them. Moreover, the access by young people to the VCT services was viewed on the whole issue of age limit for HIV testing. However, some counselors mentioned that even to those who are below accepted age for HIV testing they provide them counseling. Young people had a different experiences from what had been claimed by counselors by saying to some of the centers do not give any services to clients who are below 16 years instead they are sent back home without getting any service. More clarification on age limit for the VCT services was given out by another counselor supporting what had been presented previously and contradicting the latter:

That is why I am saying even if they come alone without their guardians or parents we give them the counseling and we never send them home without giving them any services. You can not do the blood test to him/her because he/she might fail to receive the results and what will you do, therefore even to us we follow the government policy that testing is from the age of sixteen and above however, we take time to listen to problems forced

them to come to our site if he/she is less than sixteen years, we give the counseling only.
(VCT female Counselor # 10, 2006)

To some young people, access was not seen as a problem rather youths' own negligence's. This young respondent talked about young people negligence as reflected in the quote below:

VCT are easily accessed may be the problem is within us (young people) that we do not pay attention to what we are being told or due to the negligence to such issues (issues referring accessing VCT services). (In-dept male student # 4, 2006)

Counselors were asked if accessibility to the services is the same between male and female. They reported boys having more access and they attend in centers in greater numbers than girls. Cultural practices and other individual reasons were associated with boys having a wide chance of attending the services. Counselor explanation on the reason associated with cultural practice was that:

Yes, such situation is known that in most cases girls are expected to spend their time at home and even if they go out then she must say where she is going but to boys even if he leaves home from early morning and comes back at midnight, no one will ask him where he is coming from. But to the girl if she is not seen for two hours, you will hear her father saying she has started prostitution, you get the point. (VCT female Counselor # 5, 2006)

Another counselor narrated her experience on the above issue as follow:

In my experience, young male are freely to express themselves in details depending on the problem that has brought him here. They express themselves well and more freely without fear compared to girls. Many females are apprehensive and fearful as if they are not confident. When they come here they must be having a very touchy issue to bring her here as compared with boys. Boys can even come in groups. A large group of boys but girls come one by one. (VCT female Counselor # 2, 2006)

Informants said that an individual decision may determine someone using the services or not. Therefore, an issue of accessibility was not counted as a problem rather lack of an individual determination which acts as barrier regardless how close such centers are from such individual. This young respondent associated access with an individual decision by saying:

The question of accessing the VCT services, I can say sometimes there is no freedom one may want that when he goes to a counseling service must not be seen. Even if the

counseling center will be near his/her door he/she will not attend or will opt to attend from other centers which are a bit far away from his/her home area. So the whole issue sometimes depends on an individual's wishes. (In-depth male student # 7b, 2006)

4.2.10: Counselors' responsibilities

All counselors whom we interviewed had been to the HIV counseling training. Some had additional training on youth friendly health services. They agreed that counselors without such training on youth friendly services face some problems when providing counseling to young people because the general counseling training lacks some of the important components in counseling young people. Counselors also talked about the differences between performing HIV counseling without the training and after attending the training. This counselor explained her experience when performing counseling with training and without as follow:

I started working here however by that time I had no training in HIV counseling therefore I was using my experience as nursing officer, because I had the training in psychology on how to deal with patients. After that I got a chance to attend HIV counseling training at AMREF and got a Certificate of attendance. When I was using the previous experience I was not using the HIV counseling skills effectively because there are some differences, you become more sympathetic when you have no counseling skills while in HIV counseling we use empathy. (VCT female Counselor # 9, 2006)

Counselors talked about their general experiences to HIV counseling. They felt that it is a hard task which needs proper training. Their experience to this was that duty becomes hard because they attend many clients due to few available counselors and the nature of the work that they spend a lot of time with one client depending on the reason behind him/her looking for the VCT services. They agreed on the less available number of counselors and the nature of the service which force clients to spend a lot of time in the premises being among of the factors make that some youth not accessing the VCT services. The following is an illustration by one counselor:

The issue of the number of counselors contributes to late services delivery and might be the reason to some not coming for test, I agree with them. On the other hand because we need to have enough time to talk with one client so that you're able to discuss in details and be able to assist them then it takes time. That means even if there will be many counselors and every one will be dealing with one client because in a single session it

takes about an hour therefore, it means when you will be taking the second client already he/she will spent about two hours at the site, you see. Therefore, the nature of the services sometimes forces people to spend some hours in the premises. (VCT female Counselor # 2, 2006)

Attending young people was said by counselors as challenging experiences if they compare with adult clients. Counselors reported on youth's having many questions to ask especially, the context of HIV testing, interpretation of the results thereafter how they can protect themselves from HIV infection. They also talked about them facing some obstacles when counseling young people. The following counselor explains:

Many times we face obstacles, there are youth's who are not ready to say out what made them come for the VCT services especially when you touch on their personal life, most of the time they are reluctant to talk about it. In this case, then you need to use your counseling techniques or knowledge gained due to the fact that if he/she will not be open to you, you will not be able to assist him/her properly (VCT female Counselor # 11, 2006).

Counselors reported their experience going through when doing the counseling to young people. They come across some youth who do not reveal the true reason made them attend the VCT service; they do so when they feel it is important. Counselor narration about the challenge they face when some young people are withholding the truth during the counseling session which force them to have double counseling sessions for such clients:

You know while doing the counseling you may think that what you're being told is true while not, it is hundred percent lying (laughter). But when the time of results giving comes he/she will say, "let me now tell you the truth at first I lied to you, let me tell you mother at first I told you lies" then your forced to listen to the said true reason for the second time. (VCT female Counselor # 4, 2006).

Moreover, counselors gave reasons to some of the issues previously raised by young people. For example, youth brought forward their concern about time spent in the VCT centers. When counselors were asked about this, they accepted that it is true youth spend much of their time on the premises. However, counselors said that there are reasons behind all these and some were already discussed above. Counselors listed those reasons as follow: due to few counselors available in the sites, nature of the services, they use a lot of time with one client, including

young people lack of patience when they come for the services. An example to the last mentioned reason, one young person knocked and got in when I was conducting interview with the counselor and asked what was going on, showing that they needed the quick attention from counselor. And it was only about fifteen minutes since we started the interview and the time used for the whole interview was fifty minutes. The interviewed counselor said that, it was a concrete example to what many youth do at time when she has many clients to be attended. Another counselor commented about young people's patience to time spent in the VCT premises.

Many youth when they come here they want to be attended to immediately, they do not have time to wait sometimes you might be having a counseling session with another client then they knock the door and will tell you I am leaving, I will come another day (laughter) what can you do with them, they leave. Young people are not tolerant even if they spent few minutes still they will say we have been waiting for so long and sometimes you can be having the session with a client who has complicated and tough issues then you need to have enough time to such matter (VCT female Counselor #12, 2006).

Counselors' commented on young people's preferences specifically that, if their preferences would not be considered their freedom might be denied. Counselors reported on them being good listener to young people when attending them because some of their behaviors are not accepted in the society due to the cultural practices; however they need an outlet to voice their concerns, those things that are of importance to youth. As such what is happening is misunderstanding between the generations, youth and adults. These two groups of people have different life experiences and practices which may lead to some seeing others acting in a wrong way. A counselor gave some insights on how someone could live with young people without being offended with their practices.

I have got an experience of working with the young people; initially I didn't know them well but after staying with them for sometimes and start working with them on various issues I came to know them well. Young people prefer freedom; they need to be loved, and to be valued as young people. You find that during our service provision, we must look into all these that these. (VCT female Counselor # 1, 2006).

Young respondents had their choices to counselors whom they want to be attended with when they go for VCT services. Most of young people preferred young counselors regardless of their sexes. From their experience, youth viewed adult counselors as obstacles who impeded their

access to VCT services. They asserted that adults' counselors are just like their parents. In this case, youth argued that, how are they going to share their personal life with such counselors, as others might judge as unworthy and lacking of respect. Freedom to express was of utmost importance. Thus young counselors are chosen, as one respondent stated:

I would like to find a fellow youth counselor so that I become more open in my explanation, expressing myself without fear. Because if you arrive there and find counselor who is just like my mother or an adult you will feel a little bit shy or hesitant in talking to him/her. (In-depth male student # 4, 2006)

Contrarily to this view, some respondents were against the idea of being attended by young counselors. Their argument was based on young people's lack of control of their sexual desire. They talked on the possibility of young male counselor seducing the young woman clients if he would be interested in that client. When young people were asked if anybody had ever come across such experience, some agreed and share this example:

In my view, because there is something there, one time these people came, these counselors, I am not undermining or impersonating them no. I am speaking the truth which I saw and which I have also been told by my other friends. There is a time they came here to promote on AIDS and HIV testing okay. They came and provided information to us, among the things included in their campaign were different shows and plays and many students were attracted to such performances. Later on HIV/AIDS information were given out. On the contrary, at the same time they later changed that they were giving us education and later on we came to notice that they were doing very funny things. For instance there is a time I can't say who but I personally witnessed that one of them was talking nicely on AIDS issues as health promoter, he told us very nicely how it is what and what, how to be patient. Later on the very same teacher turned to seduce students and acted shamefully in public. (FGD student # 9, 2006)

Some of the young respondents were ready to be attended by any counselor as long as they are professionals. Therefore, age or gender did not play a role in the decision. This was observed mostly from young people who had been visited VCT clinics compared with those who had not.

To me I would like to be attended by any counselor so long he/she is a trained counselor then he/she is capable of doing the job. Therefore, to a professional counselor has nothing to do with gender, age or color. (In-depth male student # 7b, 2006)

Counselors' agreed with young people being interested in being attended by young counselors. They reported about coming across youth, who wanted to be attended by counselors of a certain sex, this has been experienced by some counselors as follow:

When youths come (laughter), many come for testing but sometimes a person may find me as a barrier when she/he finds me as an adult counselor. However, in our training the skills of how to deal with young people was among of the things taught during the counseling skills training. The way you welcome him/her he/she may find she/he is free to talk to you and you will be able to assist him/her. (VCT female Counselor # 11, 2006)

Another counselor opened up her experience about the issue by saying:

Yes, there are young people who look at gender or age but it is a perception only because later on after entering the counseling room and you start talking to him/her, he/she finds that it is true that I can be attended by anybody (VCT female Counselor # 6, 2006)

These counselors tried to give out elaboration on what might be the reasons for young people having such varying preferences. They argued that problems are with those young people who had not been to VCT services because they do not have experience of what is going on concerning the whole process in the VCT centers. Young people's arguments about these controversies in their choices were in line with what has been reported by counselors that, different choices are pronounced due to lack of the VCT information. In a situation when some people have no clear picture and experience about VCT services, this has been agreed by both counselors and youth who have been to VCT services it might be the source of such controversies.

4.3: Reasons for seeking the VCT services

Respondents were asked on the reasons behind seeking out VCT services. Their responses can be put into the following categories.

4.3 1: Individuals' perception bearing at risk

Lack of faithfulness in sexual relationships acts as driving force behind some youth attending the VCT service. Counselors talked about unfaithfulness are related to boys than to girls. A counselor gave an illustration to this:

And to girl if comparing with boys in the whole issue of partner unfaithfulness, it means many young boys are not faithful because there are many girls who come with such complaining than boys. (VCT female Counselor # 7, 2006)

Someone might have a sexual partner and he/she do not trust him/her then he/she will opt to attend the HIV test. Other attends the VCT services due to their sexual behavior in which they are involved in. An example of young people who sought VCT services due to such worries:

I was worried that I may be tricked or I am infected unknowingly because most of the young people whenever they have lovers they must have sex and the infection spreads quickly without their knowledge because very few undergo the HIV test before sex (In-depth female student # 5, 2006)

Counselors talked about the reasons which force young people to attend the VCT services, and commented on the unprotected sex being the major reason. Another reason mentioned by respondents had to do with youth having many sexual partners.

May be he/she has been involved with many sexual partners, or to some had been in sex act with a person whom he/she doesn't know and he/she reaches a point when he/she starts thinking that I have been in sexual contact with that person is it that I am safe from HIV, then he/she comes for test. (VCT female Counselor # 5, 2006)

Counselors acknowledged on receiving young people who had been involved in risky incidences of being infected with HIV like girls who have been raped.

Some girls say I had been raped and I kept thinking about it and find it is good if I come for test. (VCT male Counselor # 3, 2006)

Young boys were said to attend VCT services sometimes with reason which are much associated to themselves than to their sexual partners. Just like some girls who attend the services because of rape to young boys their reason is associated with their worries that they might get the infection by having different sexual partners.

Girls' respondents talked about having many reasons that force them to attend the VCT services if you compare with boys:

Girls are forced more to go there (VCT centers) because girls are the ones with many problems in the society. Because to us, girls we have so many problems like being raped, getting pregnant, stopping studies, even to the sexual transmitted diseases girls are easily infected. And it is only one or two days when the symptoms start to show up. Therefore, it could be easier for a girl to go there than a boy, however, situation prevails is different from this fact. (Girls attend VCT services in less number if compared with boys) (In-depth female student # 3, 2006)

Besides girls' claims of having many problems that force them to look for the VCT services than boys, counselors' experience show that boys attend the VCT more than girls. However, even with fewer girls who attending VCT services for HIV testing, the rate of girls' positive results are higher than that among boys. Discussion to this was as follow:

I: Looking at the number of young people who come for the VCT services are they the same number between girls and boys?

P: At first we had problems with young girls apart from the fact many were HIV positive. We had to find a way of increasing the number of girls; today we get a number which is more or less the same to boys. In three or four years ago girls were few but now it is different. This site is among the few VCT sites which gets a big number of girls. For example, previously, we were getting about; let us say 100 boys and we were getting three positive cases or four. Girls were about forty but the positive cases were seventeen, you see. We identified the dangerous thing there (VCT male Counselor # 3, 2006)

4.3.2: Response to the signs of the illness

Informants identified signs of illness as among of the factors behind some youth seeking the VCT services. The following symptoms were mentioned:

- when someone is having continuous coughing,
- falling sick for long time, and
- the body becoming weak.

Informants had more experience whereby parents and relatives act as forces behind some young people attending the VCT clinic. Unfortunately, parents or relatives' involvement in such issue involves a cohesive way of convincing youth to undergo HIV testing. In a situation when a

young person has a prolonged diseases, (falling sick for long time) he/she might be forced by relatives or parents that he/she should go for HIV screening. Informant narrated the experience got from his friend who happened to have frequent illnesses by saying:

According to his/her health problems one might be facing, and especially if he/she has been sick for a long time then parents or relatives may force him/her to attend HIV testing prior his/her consent. One of my friends by that time was studying in one of the colleges and his parents forced him to undergo HIV testing due to his prolonged health complaints. (FGD # 4, 2006)

Furthermore, AIDS symptoms appeared to be another reason mentioned for young people seeking the VCT services. Counselors agreed to attend youths who came to their sites after having continuous sicknesses. Some had skin rushes, and others went to VCT centers complaining of weight loss. Some reported having been infected with TB and being their concerned, therefore, they thought of attending HIV testing to see if they were safe from HIV infection. Young respondent illustrations on the reason made him attend the VCT services.

That time (before attending HIV testing) I was also thin and had the same thinking that may be I had HIV. I was comparing my health with other family members, for example all of my family members are fat, looking at my father, mother, and the whole family except me and had no ending health complaints on this and that ill health. At last I thought it was better going for the HIV testing. (FGD student # 9, 2006)

4.3.3: Future plans

Moreover, counselors talked about youth who attend VCT services specifically when they have a certain future event plan such as getting married, having a child, and requirement to the job application. Other reasons were due to scholarship requirements, and when initiating a new sexual relationship. Counselors said that, out of these reasons, initiation of new sexual relationship was the more prominent reason related to young people than the rest.

There are those who come because they want to get married we test them, to few individuals are coming for the test because the test results are needed in places where they look for employment opportunities, or to others when they go for studies abroad or

among the requirement to scholarship they are entitled with.. (VCT female Counselor # 8, 2006)

Furthermore, as consequences to some youth who want to initiate new sexual relationship, find themselves in a trend of seeking HIV testing. Counselors reported attending young people who were in the process of initiating sexual relationship.

Some youth come here (VCT center) because they want to establish a new sexual relationship, you may find that a boy seduces a girl and if that girl is aware of the risk involved with acquiring HIV/AIDS then she will tell him that we must go for the HIV testing before we indulge into sexual affair (we should check our HIV status first then I will be ready to have sex with you). (VCT female Counselor # 6, 2006)

In such situation girls are seen as initiators in seeking VCT services as a prerequisite for starting the new sexual relationships.

4.3.4: Learning the health status

Another reason of undergoing VCT services found in this study had been associated with individual interest in knowing their health status. Young people reported this reason several times than any other reason, and tried to defend as their major reason for them seeking VCT services. However, what youth were trying to emphasize contradicted with what had been previously presented by counselors. Counselors reported that, their experiences when attending young people main reason identified for youth attending VCT services was due to their unprotected sex. Besides this discrepancy counselors accepted that an individual intention of learning health status is among of the reason however, not the primary factor.

There are some youth who say, they have never involved in sexual affairs but they want to be screened checking their health status. We get few of them, whose reason is associated with learning their health status if you compare with those who come due to the sexual risky behavior involved in. (VCT female Counselor # 10, 2006)

4.3.5: Experiences associated with partners or family members with AIDS

Past experiences were among the reasons mentioned by respondents that can make someone think of attending VCT services. People who experienced losing sexual partners, or relatives

suspected to be HIV positive or died of AIDS attend HIV testing to confirm their sero-status.

Young female respondent narration on her reason for attending the HIV testing:

One day we were at home and my two young brothers were sick, were seriously sick. At that time we were living with our step mother; she took them for HIV testing and was diagnosed with HIV infection and later both died. After attending the funeral, my step mother advised me that, it was better for me if I go for HIV testing; I accepted her idea and decided to go. I found her advice valuable, because I was living with those two young brothers of mine, and assisting other member of the family in taking care when they were sick, therefore, attending HIV testing was something I could not resist. (In-depth female student # 3, 2006)

Counselors agreed with what had been presented by previous client about the responsibility of taking care of sick people which is geared to female. According to counselors' experience, reasons of having HIV infection associated with taking care of HIV patients is mainly mentioned by female clients than male counterpart. Observation about this issue was presented as follow:

When you talk to girls will be saying, I have been involved in taking care of the patients whom I did not know what were the diseases suffering from (suspicious of HIV infection). (VCT female Counselor # 8, 2006)

4.3.6: Donating or receiving blood

Another reason mentioned during interview was the possibility of someone undergoing HIV test influenced through the process of blood donation. Informants reported that, people who donate blood are advised by health worker to check their HIV status; as a result some attend VCT services through such influences. A young respondent's narration on how he attended the VCT services through the above discussed influence:

I wanted to donate blood for my relative, however, they told me that I was young I could not donate the blood and I requested them to do the HIV test but I was instructed on the place where I could get the test with counseling. I went and I was so happy when they told me that I was HIV negative. (FGD # 5, 2006)

Moreover, exposure to an infected blood was said to be a determining factor for some people to seek the VCT services. Informants identified some youths through medical practices, blood

transfusion is being recommended among other treatment services as source of blood transfusion. Experience shows that sometimes blood transfusion is done to someone who is unconscious, however, after recovery they manage to learn about such treatment provided to them, sometimes from health workers who were attending them or through relatives. In doubts of the possibility that may be the blood transfused to them was a not safe, result to some deciding to undergo HIV testing. People have an assumption that sometimes the blood available for transfusion is not well screened; therefore, possibilities of getting HIV infection are there. However, it was reported by counselors that, not many attend with such reason.

So to say that they come to test because they have been involved in surgical procedures, or may be he/she had the blood transfusion, those are cases rarely happen, but few comes. (VCT female Counselor # 11, 2006)

4.3.7: Peer influencing factors

In times when they meet for socialization, young people share various experiences including VCT information. Young people who have been to VCT services are sharing their experience with others; young people are attracted and decide to undergo VCT services. Furthermore, those who test negative were said to be proud of their results which influences other youth into thinking that may be if they go for HIV testing, result will also be negative. Counselors experiences towards youth influencing each other:

Some youth simply like to share there experiences, when they are in a group a fellow who had HIV testing might say it that I have been to HIV testing and others will be interested.(VCT female Counselor # 8, 2006)

Some youths are boastful towards each other in the streets that they have tested and had negative results, others might be attracted to go, they will go as a reference got from their fellow by thinking that if she/he has done the HIV testing why not us. (In-depth male student # 7a, 2006)

4.3.8: Access to HIV/AIDS information

Informants pointed out that, knowledge about HIV gained or influence from the knowledge gained mark as among the reason for attending VCT services. Therefore, knowledge seeking was said to be among of the reason to some young people attending the VCT services. Some youth

attend VCT centers when seeking information on condom use and about HIV and AIDS in general. Besides them seeking information on condom use, counselors reported about few individuals who attend the services after encountering some problems when using condoms. Counselor illustration on this:

Few of them come because they already have encountered sexual problems. Some will say I used condoms and it burst. Others come and say that I have never used condoms, or I use condoms sporadically, I use today and may be tomorrow not then this is not regular use. Others are saying I am worried with the way I am using condoms, because I am not sure if I am using them as recommended or correctly. (VCT female Counselor # 2, 2006)

Moreover, informants said that some are attending VCT services as response to the information gained through HIV campaigns which are operating in communities. Counselors experience a big flow of clients who come for HIV testing and counseling as a response to HIV/AIDS campaigns. One counselor reported an outcome of the HIV/AIDS campaigns that they resulted in many young people seeking the VCT services:

Sometimes is associated with HIV information young people get through HIV/AIDS campaigns and they are motivated to come for HIV testing. For example here at our center, we have people or let me say we have a section which deals with Health Education, when they visit a certain place and conduct a seminar or HIV education to young people as well as to other people, they even tell them where they can access VCT services. By doing that, many young people are motivated and come for HIV testing. (VCT female Counselor # 11, 2006)

4.3.9: Attraction to the services provided in the VCT centers other than testing

As it was previously discussed VCT services are not only bound to HIV testing but also other service components are available or supposed to be included when implementing such centers. Therefore, some clients attend VCT centers by being attracted with other available services in the center than HIV testing. Good examples to this are youth friendly centers and according to counselors' reports, such centers include various activities which attract many youth to attend their services. One of the VCT center selected for this study was special for young people and various activities were said by counselors to be going on there. Such activities are, different type

of games, antenatal services, HIV testing and counseling, and treatment of STIs. A counselor elaborated:

In this center there are various services other than HIV testing, and there are groups of entertainments. So youth know that when they come here, they are not coming for HIV testing only, but also are capable of getting other services. Here we provide other services like arts performances and different games, treatments of STIs and antenatal services. (VCT female Counselor # 2, 2006)

4.3.10: Confidence

Informants pointed out some young people who are confident with attending HIV testing because they believed that their results are HIV negative referring to them not involving into risk behaviors. By risk behaviors, are referring to sexual affairs related with unprotected sex. Complimenting information about such youth who attend VCT services was given by counselors, and their experience about this was presented as a challenge to them and young people. Counselors agreed that some youths come with such confidence, but their task is to make them learn on what confronts them. Counselors said that they start by telling young people that infection is not through sexual act only; there are other ways of HIV transmissions. Counselors commented that, after performing risk assessment, such youths tend to have a different understanding and accept the fact that they are also at risk

4.3.11: Attending the VCT services as response to rumors

Some clients were said to attend VCT services as a response to the circumstances they find in. Respondents pointed out stigma which young people face from people around them acts as force behind some attending VCT services. Stigma associated to people with HIV/AIDS has impact to some youths, those who are suspected to be HIV positive because still tendency of people pointing fingers to them is there. In such situation some decide to undergo HIV testing to clear such doubts, to refute rumors of being HIV infected.

4.3.12: School program

Each school has rules and regulations that students are obliged to follow. Some rules apply to all schools in the country; while others are internally implemented. Students' experiences about the

whole issue to such regulations were attendance is mandated without an individual consent. When youth were asked if any of them had gone through such experience, one of young respondents talked about his experience from the school his brother is attending:

Other schools have a tendency of taking girls to check up at the end of every month, they are being checked up on pregnancies and HIV, boys also undergo HIV testing, these contribute in youth's attending the services. (FGD # 4, 2006)

However, respondents were not sure to whom the HIV results were given and this was my concerned because with pregnancy test results are given to the school administration, unfortunately informants could not give answer to this.

4.3.13: Quality of the services

Another reason informants thought about was the good quality of the services, good services attract young people to attend the VCT services. Also more identification to this was on some youths being attracted by the good outlook of the center as a result they would like to get in and see what specifically going on in such places. A young respondent's clarification to this:

You know there are people when they find something good they never end into looking to it, but rather would like to have access to it if situation allows. Therefore, some young people when they see that VCT services are provided at attractive premises they would like to get in and see if they can also get good services. I know some of my friends attended to a certain center (name concealed) because the center looks so nice and anybody else can be attracted to it. (In-depth female student # 6, 2006)

4.3.14: Access to VCT clinic

Access and availability of the centers facilitate the use of services. Informants commented that some people cannot think of going for services if they are not within their reach. In such situation, where access is not a problem they tend to accept the services easily. Counselor explanation concerning youth who attend VCT services because the access is within their reach:

To some youth when we ask what the reasons behind them seeking the services, they tell us that everyday they were passing along this place and that day they thought of attending the services. (VCT female Counselor # 7, 2006)

Even young people supported the counselors experience, their comments lied on the possibility of an individual attending VCT services because access is there because you live near the centre or you pass through that place everyday then one day you may decide to use it.

4.3.15: Antenatal program

Youth who are pregnant they seek VCT services as part of the antenatal services. Counselors admitted to have an increased number of girls who attend VCT services due to such program within antenatal clinics. Counselor illustration on her experience in times when pregnant women attend her center:

The number of people who come for the pre-testing is very big, and is being increased by those pregnant women who come for the monthly antenatal clinic check ups. When I have such a big number of clients I do the group pre-testing, I put a bench there (showing at the corner of her counseling room) trying to reduce time spent on an individual session. However, when they come for results, counseling is done individually. (VCT female Counselor # 12, 2006)

4.4: Reasons for not seeking the VCT services

Respondents were asked to do the estimations in percentage on young people who attend VCT services. All agreed on less than 50% of young people seek the VCT services. Various reasons were brought forward about them not using the services. One of the respondents noted on how counselors are disappointed by low rate of turn up, by saying it limits even their capacity of performing their duty well. Furthermore, even the progress to their work is hard to be evaluated. From the findings informants came out with various reasons as to why some youth do not seek the VCT services.

4.4.1: Lack of knowledge about VCT

Respondents agreed on lack of VCT information lead into young people not seeing any importance of attending VCT services. Young respondent talked about it as follow:

Most of the targeted group has less information about VCT services, we do not know the importance of HIV testing and it leads into having less response to their services. You may find that a VCT center is within the community with 200 people and only two goes there to test the remaining don't see the importance of testing. (FGD # 3, 2006)

They echoed that unless people know the importance of attending the VCT services the low attendance to such services will be there.

4.4.2: Reasons associated with fear

Informant reported about fear being among of the reason to some youth's not attending the VCT services. The quotes below from some of the respondents are typical of what many individuals have stated.

1. They talked of fear which is based on the HIV positive, fear related to anxious to HIV positive results.

..... to majority is due to fear, a person feels that after knowing my status that I am HIV positive I will be in doubt etc, then he/she may decide that whatever will be let it be, he/she will not attend VCT services due to such fear. (In-depth female student # 5, 2006)

To some are saying I will initiate the rise of Blood Pressure or the pressure might go down if I know that I am HIV positive, I don't want to die because of this. (VCT female Counselor # 8, 2006)

2. Other respondents identified fear which is associated with being denied parent support if results are HIV positive. Youth are worried to be rejected by their family members, and the society at large.

A person gets worries of attending HIV testing that, if I test HIV positive, what I am going to tell my parents? He/she will be thinking of being denied or chased away from home. Therefore, that is another reason limiting youths from attending VCT services. (In-depth male student # 4, 2006)

3. Informants said that other fear is based on HIV positive results that they might be known to other people. Therefore, people who have such fear are troubled with how confidential results can be, that may be they can be accessed by other people. This respondent had this to say:

Youths do not believe if results to their testing will be accessible only by them and their counselors, they think information's will spread out, and this is so due to lack of trust to counselors, as a result they don't use the services. (In-depth female student # 5, 2006)

4. Another form of fear mentioned was concerning the whole process of drawing blood for testing. Counselor experience to this:

To others their worries based on the process of taking blood sample for screening, their worries are associated with those syringes when they are pieced into their bodies, really you can see them worried. (VCT female Counselor # 2, 2006)

5. Fear to stigmatization was said to be among of the obstacle to young people accessing the VCT services. Argument from the counselor about this was:

They are afraid of the HIV positive results that will lead them into rejection and facing stigma from people surrounding them (society). (VCT female Counselor # 1, 2006)

6. Fear which is associated with the location of the site was among of the reasons mentioned by informants:

A person might stop seeking VCT services because he/she will be thinking that if he/she will be seen by people who know him/her, presumably, they will know that he/she is HIV positive, and will be thinking that this might be the reason made him/her attending such services. (In-depth female student # 6, 2006)

7. Informant identified another form of fear to some youth based on handling of result by VCT staffs. Lack of understanding to some youth concerning the whole process involved in handling HIV results lead into some young people being hesitant in using services. Arguments put forward by young people concur with what have been commented by counselors.

These centers are underutilized because many people have fear that their blood sample might get mixed during the process, that there might occur negligence act by people who are dealing are involved in screening blood for HIV. Their assumption lies on the possibility of mixing certificates of results. (In-depth male student # 7a, 2006)

Similar experience by counselor was as follow:

Another thing I observed from young people, are worried with the quality of the VCT services because sometimes they ask if it is not possible to mix up blood because they see a lot of clients are being attended in a single day. (VCT female Counselor # 11, 2006)

4.4.3: Quality and access to VCT services

As previously issues on quality have been briefly presented, therefore quality and access to VCT centers emerged as among of the reason agreed by respondent to be an obstacle to youth attending services. They put forward that, there are some who would like to undergo services but they do not know where they can get such access. They see reason behind this might be the centers are far away from youth reach which disappoint some who were ready to attend the services. Previously I talked about youth being conscious with time and money which is involved with accessing VCT services, and it results into them stopping from seeking the services. Furthering the discussion, some informants commented that it is not only the access that stops some people from using the VCT services but also the quality of the services which are being provided in that specific centers. Low quality of services had been agreed by respondents that it pushes away some clients who were ready to attend their services, as a result they might stop using the services or looking for alternatives.

It is true I am agreeing with young people, sometimes distances contributes to some young people not coming for the services by thinking that should I go all this distance just for the VCT services. May be even the quality of the services might be not good then youth's would not like to attend to such centre, therefore, I agree with them that VCT sites are few and mostly found in towns and if good quality of the services is not attained then some will not attend. (VCT female Counselor # 7, 2006)

Location of the centers was pointed out by informants as among of barrier to youths attending services. They identified some of the VCT sites which are allocated near jobless corners where crooks spend their time; such areas were seen as an obstacle to some especially young girls. Previously in this work I presented an example of the VCT site which is located in guest house and it was agreed to be a barrier from using services.

4.4.4: Lack of reasons

Informants said that lack of reason was highly presented by young people who feel that their age do not support them in attending VCT services. Some youths thought that since they had not been involved in risk behavior or come across risk environments like, taking care of the sick person, having blood transfusion, sharing sharp instruments or being involved in accidents where

blood contamination might occur then they have no reason to undergo the VCT services. However, young people with such reasons were said to be ready to attend services in future when they would have reasons for doing so. An example from informant who has not been to VCT services, expressing her intention of undergoing services in future:

I have not gone to VCT centers, because plans of going there have not reached yet until when I get a fiancée then I will go for HIV testing. (In-depth female student # 6, 2006)

In a supportive way to what had been said by young people this counselor had this to say:

On the other hand there are must be a reason behind someone coming for the testing. May be those young people who have not come for the services have no reasons to push them, or a factor behind them attending services, as a result they do not come. Sometimes they might have the feelings that, there are not among of the people who are supposed to look for such services because he/she has not been involved in sexual acts, has not shared sharp instruments. Such thinking leads to have the feeling that I am safe from HIV infection then there are no reasons for attending to those services. (VCT female Counselor # 2, 2006)

When doing the interview this reason was repeatedly said by youths especially those who have not yet used VCT services.

4.4.5: An individual responsibility to own health

Irresponsible to ones health was among of the reason mentioned by respondents. Their views were based on some young people who cannot take care or are not troubled with their health to such extend that, even if there are good things available for them in improving their health, they do not opt for. Informants said that such people need to have someone to tell them, worse enough they are not responsible when they fall sick. Then informants concerned were, if such youth are not responsible for their health even in times when they are sick, how it will be telling them to attend VCT services when they are not sick. Informants commented that lack of an individual commitment to his/her own health leads into not accessing services, not only VCT services but also other services related with health.

If someone does not care to seek the treatment when she/he has malaria do we expect him/her to see any importance in attending the VCT services when he/she is not sick?(In-depth female student # 5, 2006)

Informants observation in this, agreed on this reason to be applicable to many young people because most of them lack the individual decision especially concerning health issues. One respondent has this to say:

You know it is not easy at our age that you can decide on your own seeking the health services even if you're ill, we always seek consultation from parents or relatives. And we do this in most cases when you are seriously ill otherwise we opt to buy drugs and use them (Self medication). (FGD # 3, 2006)

Informants were asked the reasons behind youths depending on their parents or relatives to decide on issues concerning their health. Their response to this was more related with power relationship in families. Moreover, limitation to economic capacity by many young people, that they need to ask for money for treatment and to be assured that people who would be responsible for taking care of them if they develop a serious disease, are aware. These factors limit young people from having autonomy in making decision concerning issues related with their health.

4.4.6: Non involvement to sexual activity

Confidence to some that they are not likely being infected by HIV emerged as one of the reasons mentioned by respondents. Just like how such confidence has been presented as a reason to some attending VCT services, here it has been presented differently. Informants argued that because of the confidence some youth have they are HIV negative then they find no point of attending the services. Reason put forward by one of the young respondent who had not been to VCT services was as follow:

I haven't thought of going there for the VCT services because I did nothing that can infect me or I had never thought that I might have HIV, I have never thought so (In-depth male student # 4, 2006)

4.4.7: Young age syndrome

Counselors aired that “young age syndrome” has been among the reasons for youth not attending the VCT services. They argued that young age characteristics have to do with an individual perceiving that I am still a child therefore I do not need such services. With such kind of thinking, results to those with such understanding stopping from accessing the VCT services. Arguments by youth informants concur with what have been said by counselors.

I feel that I am still young and when I am looking to my previous life I was not involving myself in risk factors that might lead me into being infected by HIV then I do not see why should I go for HIV testing. (FGD # 4, 2006)

Counselors commented that, such reason is more commonly found in young people from the age of 15 years downwards.

4.4.8: Policy on HIV test

As previously discussed about age limit for HIV test informants said that age set for HIV test by the Tanzanian government gives an opportunity to some young people not using the services. From this study most of the young people who are less than 18 years when they were asked their reasons behind them not attending the VCT services, their response based more on the age limit set by the government. Some of them said that, even if they decide to undergo the VCT services they will not be accepted. These two examples are the typical reasons got from young people who were less than 18 years:

I feel that I am below age limit and when I will reach at the accepted age I will go for test. (In-depth male student # 7a, 2006)

I think it is from the age of eighteen, those are the ones accepted to undergo the VCT services and to me I am below that age, then I do not think if I go there I will be accepted. (FGD # 5, 2006)

Counselors' conceptualization on the reason that is being provided by many youth under 18 years, counselors felt that youth lack of attendance to VCT services has not really had to do with their age but rather as an excuse for them not attending the services. Counselors' argument was based on them attending young people whose ages were below 18 to the lowest of 16 years. However, those with less than 16 years said to attend services guided by parents or guardian who consent for them. Counselors see that young people are not giving out their true reasons for them not attending VCT services. Moreover, counselors said that, services to VCT are more than HIV testing which can be accessed by any interested individuals.

4.4.9: Lack of support and negative reaction

Young people brought forward their concern on lack of support from parents, families and from the society, if they will be identified with HIV positive results. As a result some do not attend the services by arguing that bearing they better stay without knowing their HIV status in avoiding negative consequences which people with HIV positive are going through in their lives.

Maybe youth's are worried with the VCT services due to the fact they think of themselves that, suppose they go for HIV testing and find that they are HIV positive, they will become inferior and think that they are useless. And from some examples got from the negative experience to people who are HIV positive have influence to some not thinking of undergoing the VCT services at all. There are times HIV positive people are rejected by society, which makes others to have fear attending VCT services. (FGD # 9, 2006)

The community perception to the whole issue of HIV/AIDS has made young people and others see AIDS as threat and death: therefore, such concepts trigger in some youth's mind thinking that if those are outcomes of learning your status why I should go for testing. They get a terrified and negative picture on the whole concept related with someone learning his/her HIV status.

Disappointments to youth who share with other people their intention to go for the VCT were reported as one of the reasons for some not using the services. A good example for this was given by a young respondent who exposed his reason which made his friend not attending the VCT services as follow:

There is one young person, a friend of mine was saying "I am going for HIV test" and people around him were saying, such a little child you go for HIV testing. They asked him what kind of counseling he/she will get there because he/she was still a child. They mocked by saying, do you think the HIV can be transmitted through the food you take? As a result he/she decided not to go. (In-depth male student # 7b, 2006)

From the data respondents identified negative attitude or lack of knowledge about VCT services by parents' perceived as inhibitor to some young people from using the VCT services. Counselors experience to that was in agreement with what have been said by young respondents. They said some parents when they see their children or they are told that their children had been to the VCT, they think of them being involved in sexual affair. Some youths confessed on being beaten by their parents due to them attending the VCT services, and was raised by some young people as their reason for not attending services.

My fear is to my parents what will do to me suppose I go for test and find that I am HIV positive, they will think of me as a prostitute without knowing that it might be them who infected me(referring to mother-to-child transmission) and that there are other ways of HIV transmission besides sexual contact. (FGD # 8, 2006)

The negative response got from her mother made this young girl respondent change her intention of going for HIV testing:

HIV campaign with VCT services were brought here (at her school) and I told my mother that there are people at school who do the HIV screening and I wanted to test. My mother was surprised and asked me why should I test? Am I not confident with my health status, then I decided not to attend the services (FGD # 3, 2006)

Not only parents were identified to be an obstacle to some youths attending the VCT services but also relatives appeared to play part in this. Young respondent experiences after sharing her decision on attending VCT services:

When I told my grandmother that I am coming from HIV testing, she slapped me and said that, you went for test are you prostituting? You're looking for troubles and from there where you went for test that is where you get HIV/AIDS. (FGD # 8, 2006)

The experience of these two last young people if shared to their friends, especially to those who were thinking to attend services sometimes in future, they might stop and change their ideas due to such negative response these two youth got from their families. This negative attitude which is planted to those who have not been to VCT yet remains as an obstacle to them deciding differently.

4.4.10: Sexual reasons

Sexuality among young people has been identified as major route of HIV transmission. Previously this reason was mentioned as factor behind some attending the VCT services. However, in this context it can also act as an obstacle to some attending the VCT services. For those who had sexual intercourse with many partners they were said to have fear that they were already they are infected therefore, they found no reason for undergoing VCT services.

Self assessment to the prevailing health of an individual leads to some not attending the services by saying already they know their status that, they are HIV positive therefore, they believe that attending the HIV test will shorten their life.

We have some of our friends who say that why should I test while already I know that I am HIV positive. I can not be safe after all this time, I have been spending with different girls, if I go for HIV test today they will tell me that I am infected, I do not want to hear such news because they will shorten my life span. (FGD# 4, 2006)

Such youths were said to continue resisting the VCT services until when they reach to a point when they feel that they had no choice, mostly start seeking VCT services after experiencing AIDS symptoms.

4.4.11: Number of counselors, age and sex

Previously, most of the findings were generally discussed when trying to associate counselors experiences to their work. Here the same findings appear specifically as reasons for some youth not attending VCT services. The low available number of counselors, age and sex were said to be an obstacle to some youth's using the VCT services. Due to the few available numbers of counselors in each center lead to some youth not being attended regardless their positive interest geared to such services. Counselors experience to that, commented that sometimes young people are motivated to attend the VCT services especially after the HIV/AIDS campaigns which are done by peer educators. However to their disappointment in centers they find few counselors, which means they need to wait to be attended for a long time and sometimes they are not attended at all. This counselor gives an example to the situation she is facing:

I am saying that indeed responsible people(VCT administrators) are supposed to improve these services by adding the number of counselors, because it is possible many people might be motivated to come for the test and when they come, just to find one counselor like the situation I am facing here (VCT female Counselor # 11, 2006)

Age of the counselors was among of the thing mentioned by youth that acts as an obstacle to them when they want to access the services. The feeling to young people that sharing issues related with sexual to adults is lack of respect, lead into some youths not attending VCT services if they are aware that counselors within the available sites are adults.

Age can be an obstacle to young people because some of them do hastate to undergo services if they are aware that in a certain center working staffs are adult. Their concerned if they find adult counselors, there will not be free sharing some of their

issues because of respect given to adults, I feel is among of the obstacles to some young people, looking through cultural practices. (In-depth male student # 2, 2006)

Counselors seemingly agree with young people feeling about the age of counselors being among of barrier to some youths when they think of attending VCT services. Counselors' experience to this were explained by saying they come across some youths who were not free and confident when they got in counseling room and met adult counselors. To balance the situation counselors' said that they are using their counseling skills to make them feel free and enjoy discussion. Therefore, some youths do not attempt going to such centers which has no choice to counselors. Therefore, young people interest of being attended by young counselors limits them access, most of the available centers are mostly attended by adult staffs. Furthermore, even their preference to be attended by a certain sex proved to be not easily achieved because most of the counseling sites we visited during the data collection, women counselors were leading in number. Respondents agreed that some young people might delay seeking services due to their choices that they want to be attended by male counselors or young ones.

4.4.12: Religious beliefs

In this study some of the religious beliefs were found to have a negative perception to VCT services. Informants pointed out some of the denominations that do not allow their believers to undergo HIV testing, by believing that they are safe from HIV infection. Such feelings are associated with their understanding that those who get HIV infection reflect to their punishment from God for their sin. When they talk of sin, they refer to committing adultery, something not expected to be done from their group members. According to such understanding and belief, they see that possibilities for contracting HIV are very limited. In complimenting what has been said by informants, some youth made it clear that due to their believe as born again Christians, they do not find any reason for them attending VCT services.

Up to now I have not visited the VCT services, the main reason that make me not attending it because I am born again then if your in this sector, that you are saved and even to other many youths fail to attend VCT services because of the religious teachings which say that to Jesus there is no AIDS. Among of the teaching they give, example of those people who were said to be HIV positive after attending to Jesus they have nothing (no viruses) into their blood.

Therefore, due to those reasons, I can say they motivate youths not attending VCT centers because they believe in the word of God. (In-depth female student # 8, 2006)

4.4.13: Economic reasons

Informants commented lack of stable income to young people acts as barrier when they intend to access the VCT services. Various things are considered before an individual decide to seek such services especially those who reside far away from VCT sites. In such situation youth who are interested in attending services need to consider time and money which an individual is going to incur due to the absence of the nearby VCT centers. This experience was mentioned by some of the respondent that:

Person with an intention of going to VCT centers need to consider several factors before going there. He/she is supposed to have enough amount of money for the bus fair to reach the site plus other services as a result to majority whose sites are far away fail to attend due to lack of money. (FGD # 5, 2006)

Informants pointed out that, young people have responsibility in their lives if not at schools then they are doing some business or are employed somewhere therefore in a situation where VCT are not easily accessible they opt not looking for them.

4.4. 14: Lack of treatment services

The treatment component in the VCT services was among of the things which young people are interested with and in this study we came across many young people who said that, they are attracted attending services in sites which have STIs treatment component. From this study few sites were identified having the STIs treatments among other services. Due to some centers operating without such component was said by respondents that, some youths find this as a relevant reason for not going there even to other services available in such centers including HIV testing.

4.5: Some of the suggestions and opinions from respondents

Respondents were asked to give out their opinions and suggestions on what could be done so to make the VCT services more attractive to young people and being used by many. Various suggestions and opinions were proposed as follows:

4.5.1: Improvement to HIV/AIDS education programs

Most of the respondents gave the suggestion on the improvement of HIV/AIDS education programs. They proposed on categorization in information giving, where young people who are in schools can be followed there. Besides the current efforts which are directed to schools through interventions programs, they proposed integrating teachers' involvement to this intervention process. By complimenting teachers' efforts in this intervention process many students would have access to HIV and AIDS information. Moreover, informants considered the need of selecting few teachers who would attend a short course on HIV issues thereafter will be capable to join ongoing interventions programs.

Other suggestion had to do with HIV/AIDS education given at different levels. It should be taught from primary schools, secondary up to colleges and universities. The insistence should be in making young people see the importance of attending VCT services.

Some respondents' went further in proposing possible age to which HIV information should be given by saying:

I think the services should start from the beginning when just as one starts learning "A" when it starts entering his ears, so the information should penetrate the brain. These information could develop a person that he knows such a thing (HIV/AIDS) exist, it reside into the brain and not some one hearing it say, when in form one, form four, name anywhere. (In-depth female student # 10, 2006)

Proposal of having more camps for young people were raised whereby HIV/AIDS education would be administered to many young people in a form of groups. Considerations to such kind of information delivery, informants paid attention to youth having enough time and room for sharing their experiences and learning new issues. Informants see that young people's involvement in risky behaviors is being accelerated with lack of proper information. They mentioned that, currently, young people are involved in risk behaviors like drug use; unprotected sex which makes them becomes victims of HIV/AIDS. Therefore, their opinions were to put more efforts in education giving. As how it has been presented earlier about HIV/AIDS

intervention programs which are operating in towns and in schools, respondents' opinion was to change this trend and directing more efforts in streets and rural areas.

More suggestion was aired on improving the sensitization efforts by using musicians who will compose songs with HIV/AIDS messages. They noted that currently most of the musicians in Tanzania have no HIV/AIDS messages component in their songs. What prevails were mentioned as romantic and love messages than other themes. Their concern was to motivate musicians to compose songs with HIV/AIDS messages.

Informants gave attention and challenges to ongoing sensitization programs and efforts that should be active all the time and not only in a certain occasions.

It is important to all people and organization concerned with HIV/AIDS programs, instead of waiting on the AIDS day in December that is when they give out brochures to people and they give out the HIV/AIDS motto and many other things are implemented at this time, this should be done all the time. Due to the fact that HIV/AIDS does not stop infecting people, that the infection is within that month, it spreads every hour and minutes this should be in the year programs of health education. (FGD # 9, 2006)

More suggestion was directed to allocation of means of HIV/AIDS education. Their opinion was based on how available sources of information could be shared, that there must be purposive efforts of distributing the few available pamphlets, brochures and other material as much as possible in various areas. Currently, these materials were said to be found in VCT centers and during seminars or workshops, occasions which accommodates few people. Another alternative of equal distribution to such materials were suggested. Such materials should be placed in open places where they would be accessible to many people. Brochures should include among other things the convincing messages for people coming to VCT services. Moreover, they proposed on having advertisements that would wake up people and being motivated to use the VCT services, by pointing out that currently people are not much motivated.

4.5.2: Government participation

Informants saw the importance of affiliating government efforts in this struggle. Their suggestion was on the government that it should be fully involved in giving HIV/AIDS knowledge in areas where access is limited or has not been yet implemented. NGOs were said to operate under limited capacity then the government needs to intervene by improving the VCT services in all

places. More opinions were directed to the government that, it should accept the fact that its support to the ongoing NGOs is highly needed. These NGOs involved in HIV/AIDS intervention efforts and are working for the betterment of all people; therefore government support is important in making them working progressively. Youth presented their suggestions in form of request like this:

My request goes to our government that it needs to pay much attention to us, young people because to my knowledge the government will not fail to assist us in this pandemic. (In-depth female student # 6, 2006)

Informants' cautioned the government that, responsibility of expanding access to VCT should go hand in hand with increasing the number of counselors. Otherwise such efforts will not produce positive results.

4.5.3: Parents' involvement

Other suggestion was to join efforts between the government and parents in providing HIV/AIDS education to young people. The following opinion was raised by young respondent as follow:

For me I see that there is a need for a marked cooperation between the Government and parents in educating youths and boosting counseling and testing services among young people. It will be better if the Government and parents will be working in cooperation when giving education to us (young people) might result into young people being positive to the services. By accepting VCT services and attending in such facilities we (youths) can have more knowledge on HIV/AIDS, because VCT is among the facilitating organs. (FGD # 9, 2006)

Respondents raised their concern by suggesting that it is important to include parents in intervention programs because most of them have no much information in HIV and AIDS issues including the importance of VCT services.

Young informants posed their suggestion which was directed to parents, they want their parents to be flexible so that they should be sharing their life experiences and issues concerning health with their children. In African cultural practices, parents do not share with their children on some of the issues like reproductive health. Young people feelings on this, parents need to change and start sharing their experiences with their children by reducing boundaries of communication

between the two. Informants said if parents are fully involved in giving education to their children, might assist youths by having more source of health information.

4.5.4: Availability and accessibility of the VCT services

Availability and accessibility were among of the things respondents counted when giving opinions. They suggested that, VCT centers should be implemented near school compounds, near residential areas in consideration that youth might be motivated to attend if the services are within their reach.

Young respondents opinions based on integrating the VCT services within the available health facilities. One of the respondents who gave out such suggestion explained as follow:

.....at least each health center or hospitals should have this service would be better, and people could use because they are used to go there when they fall sick and hence if they are told of the availability of such services, I think people would show up and use. (In-depth male student # 7a, 2006)

Generally, informants suggested in having equal distribution of the VCT services, and by saying this needs to be given the first priority by the government and NGOs in general.

4.5.5: Empowerment of youth

Involvement of young people into various activities which concerned them was said to be one of the way giving them power to decide on their own and giving them a wide chance to participate into various issues, including health matters. Some of the respondents suggested on involving young people in providing the VCT services, that means by having young counselors who will act as bridge between the sites and young people.

Another suggestion was on giving training to few young people from rural areas whose in turn will go back home to educate others fellow youth or by being involved in providing the VCT services. This suggestion was presented by young respondent as follow:

I suggest that youths from there (rural areas) should be selected to come for the training on health education and then go back to educate their fellows. Such an idea of having mobiles counseling in rural will not help because when people will be in need of more assistance will not be there, but by utilizing the fellow young people would offer a full time availability of the services. (In-depth male student # 2, 2006)

Moreover, respondents gave out more suggestion that, when we plan things for youth like establishment of new VCT for them, planners need to consider involving young people ideas. Consideration should be paid to this because sometimes young people interests differ from other age groups, therefore they can be denied services which are valid by them.

In addition about the VCT sites may be before establishing they (planners) could talk with young people allowing them to give out their preferences on what they want to find in the VCT sites that might attract them. Even if they will not do the HIV testing, they can be attracted going there for other services and that is to say attractions should be there. (FGD # 8, 2006)

Generally, their suggestions based on youths need to be involved in deciding various matters concerning them, and this idea was geared by considering that by doing so, young people will feel that they are part and parcel to HIV intervention efforts which are triggered to them.

4.5.6: Improvement of VCT services

Respondents' proposed various ways on how the VCT services might be improved.

1. Improving counseling session, besides proper training counselors are undergoing, there is a need to do evaluation to the syllabuses and other relevant materials which are used in counseling session. Moreover, they argued that it is important to think about what else could be included in counseling session that will keep the interest of young people, and should be supportive.
2. Quality of the HIV testing results are among of the things suggested by informants' to be improved. They sited on working facilities example those machines which are used for HIV testing should be efficient by doing frequent check up. It is important that accurate results are being provided in avoiding disappointments to clients in case results are wrongly presented.
3. Screening of the HIV/AIDS advertisements was given account on by respondents' suggestions. They talked about terrified adverts in the sites that need to be checked out because in some centers they hang those pictures of infected people showing all negative consequences associated with AIDS, some tend to get worried and might stop even using services.

4. Moreover, respondents showed their concern about working time to most available VCT by saying, VCT working hour need to be considered that they do not work in contrary to youth's access. They were aware that some of the VCT sites do not work during week end in times when many young people are free especially students. Comments to this based on that, if not well planned will minimizes opportunity to some youth who wanted to attend their services. Besides working on week end, evening hours were seen as among of the time when many youth can have access to services, therefore, informants argued that those who are responsible in giving VCT services need to see into all these if they aim at opening more chances for young people.
5. Having many VCTs which are special for young people was among of the suggestion got from respondents. Their opinion is having many VCT for young people which should include many attraction things as possible. Things like different games, entertainments, giving out some presents in a form of competition; these are some of the mentioned possibilities.

4.5.7: General opinions

Need of having more research works which will involve young people giving their opinions for improvement of the VCT services was among of the suggestion got from the filed work. The presentation of this suggestion was:

I suggest on having more researches so as to know the progress of these VCT centers and if there are anything to be updated to be done. If they are not helpful then other ways be searched and youths should be involved to give their opinions. (In-depth male student # 7a, 2006)

Sharing of the VCT information was among of the thing suggested by respondent by saying:

Moreover, people should be motivated, few individuals who have obtained that service should not be greedy, and they should share with other people who had no such opportunity sharing information on where such services can be accessed. (In-depth female student # 6, 2006)

Follow up services to HIV positive youth's was presented by informants as additional suggestion from what have been mentioned. This suggestion was presented as follows:

I think the follow-up should be done to every individual with HIV positive result. Counselors should make the follow up to such clients in their homes for support. (FGD # 4, 2006)

A call was made in a form of suggestion to young people that they should change their life style which leads them into risk of HIV infection. Another thing which was directed to young people, counselors are reminding them to be inquisitive by reading books, pamphlets because HIV and AIDS issues are changing everyday, they need to be up to date.

4.6: Summary of the findings

I can say from the findings of this study there is no one among young people who does not know the ABC of HIV/AIDS for now, I think none. In reference to HIV and AIDS knowledge, you find that many have some information because when youths are asked about their understanding on HIV/AIDS, they will tell you something which relates to reality and sometimes not precise but not to such extend that they might say may be HIV/AIDS is goat or cow. They will tell you something which relates to HIV/AIDS however might not be exactly correct because they are not professional in this field that they might say to you exactly the correct answer. You will see them that they have some ideas. However, sexual behaviors to young people observed by counselors when they attend the VCT services show that knowledge youth have on HIV/AIDS do not correlate with their real life.

VCT sites are accepted by young people as among the sources of HIV/AIDS information. Young people who know the importance of VCT services found to be more positive to the services than those without such knowledge. From the study we came out with the fact that there are limited numbers of VCT centers and the few available ones are mostly located in urban. Moreover, most of VCT sites lack important standard components of the VCT services. Most of the services provided in available centers are HIV testing with counseling, HIV/AIDS information materials, treatment of STIs and very few provide Anti retroviral drugs (ARVs) and social support like food, clothes to people living with AIDS and orphans.

Reasons for young people attending or not attending VCT services are associated with factors related generally to individual, social, on going policies, medical and other reasons which are associated with VCT sites. Economic reason was among of the factors behind young people accessing or not accessing VCT services. Reasons that were mentioned as pushing factors for

young people seeking services which have to do with an individual were: when young people feel that they have involved in risky behaviors and might be infected. Also when they have AIDS symptoms, access to HIV/AIDS knowledge was also mentioned as among of the pushing factors. An interest to an individual knowing his/her health status marked as among of the reason to an individual attending the VCT services. Another reason was self confidence and influence they get from those who have been to VCT services.

Furthermore, reasons found in association with social factors in this study were: attending the VCT services when they have a certain event planned in future such as getting married, having a child and initiating a new sexual relationship. Taking care of the AIDS patients was among of the reason mentioned that it forces some young people seeking the VCT services. Some were said to attend VCT services as a response to stigma. Other reasons which are related to VCT services were mentioned as: attraction to other things available in the centre than HIV testing, good quality of the VCT services, and access to the VCT sites.

Young people who find themselves under medical attention by having blood transfusion were among of the identified reason behind youth seeking the VCT services. Moreover, on going programs to some of the institutions like antenatal services whereby pregnant women are obliged to attend HIV test as an efforts on reducing the risk of mother-to –child transmission, forces some young girls to attend the VCT services. Counselors agreed on the young people involvement into risk behavior as a major reason for them seeking the VCT services. That is to say most of young people seek VCT services when they feel that they are at risky of infection.

From this study finding on the reason behind young people not attending the VCT services varies. Identified individual reasons were fear, fear which is associated with stigma if seen attending the VCT, worries on the HIV positive results, and fear of rejection if the result will be known to others. Other reason were young age syndrome where youth tend to think that they are still too young to attend VCT services, irresponsibility to one health and lack of reason were said be among of the reasons for youth not attending VCT services. Confidence in ones own health has been presented to both as a reason for attending or not attending VCT services. Youth who argue that they have not been in sexual contacts or in any other risky factors then they are free from HIV infection as a result they do see any importance of attending the services. Another reason which was associated with individual are: some youth argued that now they have no

reason which might force them into seeking such services. Sexual reason was associated with someone not attending the services due to their assumption. Young people who had sexual relationship with many partners he/she is worried with the number of sexual partner had in past time and give guarantee on them that they are HIV positive then there is no need of attending services.

Apart from individual reasons, lack of VCT information was found as a barrier to some young people in using the services. Moreover, quality and access to the VCT services emerged as among of the obstacles to young people accessing the services. Other reason associated with centers were, lack of STIs treatment component, low number of available counselors, and counselors with old ages were mentioned as hindrance to some youth attending VCT. Confidentiality keeping play part to some not using services, in a situation when young people are suspicious that confidentiality is not maintained they opt not to attend services.

Other identified reasons which are socially related were: lack of parents and relatives support to young people who test HIV positive or has an intention of attending VCT services, makes some not attempting looking for such services in avoiding negative consequences. Religious believe perceived as inhibitor to young believers who want to attend the services. Some of the religious denominations were said to work against invested efforts of motivating young people in attending the VCT services.

Economic reason was among of the factor which acts as a barrier to some young people from using the services. Most of the cost which was said as an obstacle to them had to do with transport and other needs because some sites, HIV testing is free to youth from the age of 24 downwards. However, not all the centers provides free services, some are required to pay for the services regardless their age which was agreed by most of young people. The mentioned challenge youth get in such situation is their low income which do not support them in paying such services.

The implemented government policy of less than 16 years needing them to attend VCT services under parental consent termed as among of the hindrance to young people accessing the VCT services. Youths concerned was on the relationship they have with parents that sharing such information sexual experiences to parents is not an easy task hence most of them opt in not attending the services.

Most of the young people we had interview with agreed on the VCT services being their source of knowledge and that their services are relevant to their needs. Apart from this confession by young respondents those who attend the VCT services were said to be few. In their estimation on the number of young people whom they think they undergo the VCT services, estimated to be less than 50%. Generally they agreed on the low turn up rate of young people to VCT services.

CHAPTER 5

5.0: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter includes the discussion of the findings that are presented in chapter four. Results will be discussed in line with aims of this study and some methodological issues will be considered. Conclusion and recommendations are among of the component to this chapter.

5.1: Methodological considerations

5.1.1: Researcher's Role

In this study as main investigator I was directly involved in several activities. These are from the time of developing the proposal which is ethical and legal and seeking an approval from the research committee in Norway and in the country where the study was conducted, Tanzania. Moreover, I was responsible to ensure that the transcripts in Swahili were accurate by going through transcripts before handling them to the translator. More responsibility geared to investigator was the data management.

Allocation of the fund for the study was among of the duties carried by an investigator by checking that funds were used as they were planned. Apart from the field work the last part of the study that is thesis writing and disseminating to the relevant organizations (channels) was solely under principal investigator.

The educational background and skills of the researcher can have negative or positive impacts in the outcome of the study. Being a profession sociologist who had been involved in research works, especially he health –related works has tuned to be added advantage when conducting this study. Furthermore, I have some experience with VCT services after working in one of the VCT site in Dar es Salaam for almost two years. Therefore, conducting research was not a new experience to me however; working with young people has been found as a challenging experience. This was similar to the findings from studies conducted in Uganda and Kenya. Counselors commented about working with youth as a challenge experience because many of them do not open up when asked to explain there problems.^(Horizon)

In this study we tried to consider ourselves as outsiders when conducting the interviews and FGDs, in order to minimize the possibility of influencing the respondents, escaping bias that is driven by our professional background. However, it is possible that young people could be influenced by our personal introduction to them that we are attached with health organization which might influence them saying more on what they thought we might be interested with. To minimize this social desirability, some time was used to spell out the purpose of the study by reminding them that they should not associate our professional with what we wanted them as their contribution during interviews and FGDs.

Moreover, it was undeniable fact that both of the interviewers were older than students' that might result into different outcomes. For those who consider revealing their personal experience to adults is lack of respect according to cultural norms, probably they were relatively not sufficiently free to give their detailed valuable contribution. And to those who feel that they can easily share their personal experience to adults as long as the ground of discussion was based on profession accounts were probably were more free participated.

5.1.2: Limitations

Various experienced researchers argue that it is the fact that there is no such thing as a perfect study; every research study has some problems with the reliability and validity of data, the size of the sample, questionnaire, design, the implementation or the analysis plan. Good researchers' attempts to keep these problems to a minimum but some problems will always remain.^(Fisher A et al.) Due to the above facts this research study could not disassociate from some of the possible limitations. Main problem faced was concerning the issue of accessing the ethical clearance in time from the study country (Tanzania). There were unnecessary delays due to the schedule of the authorized government agent for medical research who also offer ethical clearance for health researches. The senior researcher officials at the National Institute of Medical Research (NIMR) where the ethical clearance application was submitted in Tanzania usually meets quarterly per annum to approve such requests. Nevertheless, the clearance was offered and the field work was accomplished according to the work plan.

Another limitation to the study was due to the purposively sample technique that was employed which is not a representative of much large group; therefore the findings cannot be generalized.

5.1.3: Instruments of the study

Two types of interview guides were used, one for FGDs and the other one for in-depth interviews (Appendix F). Swahili language was used which is the national language of Tanzania and is used by study participants in their daily interaction. Data was collected by the use of tape recorder, note books, interview guides and pens.

5.1.3.1: Language perplexing

The field guide was initially written in English were translated into Swahili and the transcripts were back translated to English for analysis. During the translation some of the English words could not be found in Swahili vocabulary therefore the nearest meaning were utilized. During interviews and discussions we came across some words which in Swahili language might carry more than one meaning. Therefore, in such situation clarification from respondents were sought to have the same understanding. Apology was given in times when we wanted their clarification to some words which were not clear or used in a form of slang language. Also it was important check that respondents were not disappointed by asking them to give clarifications on a certain words. Therefore, every time when we needed their explanations on unclear point it was explained to them as to why that was needed.

5.1.4: Knowledge on HIV/AIDS

Generally, the findings to this study show that, young people are not completely blind concerning HIV/AIDS. Practically every informant involved in this study said the same thing about HIV transmission ways and its prevention. However, level of young people's knowledge cannot expected to be the same due the fact that access to source of HIV/AIDS information are not in equal basis. From this study it has been evidenced that, coverage of HIV/AIDS campaigns programs are not equal, therefore, the level of young people knowledge cannot be generalized. This is consistent with other studies from Uganda, where it was reported to have been facing similar challenges. Numerous NGOs were involved in HIV intervention programs, operating in

limited geographical areas of activities. Majority operates only in and around larger urban centers.^(Bennell P, Hayde K, and Swainson N) Given the huge impacts that the HIV/AIDS interventions could have the failure on having wide coverage by these programs is an obvious gap and menace to the correct HIV knowledge among young people.

5.1.4.1: Limitation on HIV/AIDS knowledge among youth

The findings to this study indicate that despite young people having knowledge about HIV/AIDS their sexual behavior show that youth do not apply those lessons when they make their choices. Report from counselors on the young people repeatedly attending counseling session on the same sexual risk involvement is an indication that they are not applying the gained knowledge when they decide on sexuality. A study done in USA observed the similar situation.^(Samet et al. 371-77) Furthermore, result from the current study where some youth believe that educated people can not easily get HIV infection and those without it are likely to be infected by HIV, reflects the knowledge gap and an indication that young people have only superficial knowledge on HIV/AIDS. Similar results were identified in survey done to three countries- Botswana, Uganda and Malawi. The survey showed that while youth are increasingly better informed about the causes and consequences of the epidemic, there are still gaps in their understanding which have major implications to their sexual behaviors.^(Bennell P, Hayde K, and Swainson N) Such lack of understanding might lead to HIV infection because an individual's academic achievement is not a guarantee to someone having reliable HIV knowledge. However, the finding from this study on young people's admission of their negligence to HIV/AIDS intervention efforts to them, suggest that youth are becoming aware that they are engine for a change. This triggers the need of evaluation of the HIV/AIDS intervention programs for youth's to enhance more changes. Planners need to be mindful in implementing other more ways of HIV/AIDS education giving to young people.

In Tanzania, schools are among the targeted areas of HIV/AIDS intervention and much effort is geared to them. Juma et al argued that school presents an excellent venue for HIV interventions given high enrollment.^(Rotheram-Borus MJ et al.) Moreover, school-based programs provide the opportunity to start educating children at an early age.^(Bennell P, Hayde K, and Swainson N) In this study informants raised issues concerning the outcome of school interventions effort. Counselors reported on misconceptions about HIV/AIDS among students which might show that HIV/AIDS

prevention program among Tanzania students is not well implemented. However, other factors apart from implementation can also be associated with it. The fact that this study have shown that students have good level of HIV/AIDS knowledge makes them among the sources of HIV information. As previously mentioned that young people are sources of information, therefore, if students have no correct information concerning the whole issues of HIV/AIDS there is a danger of spreading that wrong understanding to their fellows. This triggers the need of having evaluation on the ongoing programs that deals with students.

Moreover, obtained information from students suggests that some of them during the HIV campaigns at their schools are only interested with the entertainments that are integrated in it. This can be associated with students having incomplete information about HIV/AIDS. The same findings were observed from the survey done to three countries, where they found a key reason for the limited impact of school- based HIV/AIDS education could be that students do not perceive HIV/AIDS to be a major issue in their school lives.^(Bennell P, Hayde K, and Swainson N) Also it shows that peer educators need to deploy a wide range of informal settings in schools interventions by including more HIV/AIDS messages in such entertainments.

5.1.4.2: Use of condoms

Effort to promote condoms use by sexually active young people is important component of the public health strategy to prevent the transmission of STIs diseases, including HIV during the adolescent years.^(Zabin LS and Kiragu K 210-35) A current study shows that such efforts of educating young people about condom use need to be evaluated and need some more efforts for improvements. Wrong use of condoms is among the identified deficiencies to young people's skills in using them which can lead them into contracting STIs including HIV. Some researchers like Meeker pointed out that knowledge of condom is obviously or necessary, for improving acceptance and use.^(Meekers, Klein, and Foyet 413-20)

Positive and negative attitudes towards condom are likely to influence someone using or not using them. The finding in this study where some youth believe that condoms do not benefit them but rather attracts them to sexual actions, shows that not all young people are positive to condom use. Furthermore, their argument that condoms are for pregnancy control and they should remain with the same use indicates that possibility of young people using condoms is

narrow. Negative attitude to condom use might lead to youth with such perception into HIV infection by considering that young people had been reported to be sexually active.^(Kaaya, Leshabari, and Mbawambo 51-60) In this study consistent use of the condoms was found as a problem among young people. In studies conducted in Cameroon and Zimbabwe they came out with the same findings that consistent condom use in regular relationship was low.^(Meekers, Klein, and Foyet 413-20; Cregson S et al. 321-30) However, the result on some young people attending the VCT services for knowledge gain on how condoms are being used show that condoms are accepted by some youth and the stigma that was associated with this seem to be fading. More educational efforts are needed, and to the existing strategies for HIV intervention among other things should include messages on correct use of condoms.

5.1.5: Voluntary Counseling and Testing services

5.1.5.1: Knowledge on VCT services

Generally, VCT are seen as an entry point to prevention and care services. In the global strategies conference done in Washington, VCT was seen as a tool for communication and education on the disease, as means for access to other interventions such as anti-retroviral drugs, and as a process that prevents involuntary disclosure of HIV status.^{(Coovadia 57-63) (Boswell D and Baggaley R)} Most of the informants of this study have heard about the VCT services or aware with the location of at least one site.

Moreover, from the data of this study, it was found that young people's knowledge on the components of the VCT services is limited to the following: HIV test, giving counseling, and providing treatment to STIs, while the VCT services are more than what is known by these young people. VCT is considered as an entry point for HIV test and services (See figure 2).^(Boswell D and Baggaley R) Results of this study on the low coverage of VCT services and lack of important components services within the available VCT centers can be explained as among the reason to youth's limited knowledge on the component of VCT services. Comments by some researchers can be related to the prevailing situation found in this study. They found that VCT in developing countries, particularly Africa, services appear to fall short in many specific features including lack of important services component like medical services, continuous support and others are absent.^{(Coovadia 57-63) (Horizon)}

In the current study, we observed the same concerning limitation in youth understanding about the VCT services. In addition to this, apart from that knowledge youth have on VCT services, some avoid using the services because they are not aware that they can get the counseling without test. This result is supported by findings in the study conducted by Horizon and in a reviewed work by McCauley some young people hesitated to attend the VCT services because they were not aware that they can get the counseling without test. ^(Horizon) ^(Horizon) There is a possibility that due to this understanding many young people are not attending the VCT services. Nevertheless, all this has to do with fear which is associated with HIV positive results. In the study conducted in Tanzania, Kenya and Trinidad they came up with the results that VCT services facilitates behavioral change. ^(Boswell D and Baggaley R) However, the reported sexual behavior of young people by counselors in this study perplexes the whole idea that VCT facilitates behavioral change. Repeatedly youth attending the VCT services due to worries derived from sexual experiences was reported by counselors which can be interpreted that sexual behavioral change to young people is not practical which is a challenge to the VCT services when trying to evaluate their contribution in young people's behavioral change. Lau wrote, educational programs have helped disseminate a lot of information, but have not affected an overall behavioral change. ^(Lau c and Muula AS 402-16) However, we know that knowledge alone may not automatically lead to young people behavioral change; therefore, efforts of having more research should be implemented in tackling such problem and find the operational gaps. Most of the HIV/AIDS intervention programs which operates in Tanzania are run by NGOs have reported the same as in the above quoted study that is fine but the problem lies on their sustainability because most lack an adequate monitoring system and financial stability. This gives a reason for doing evaluation on the VCT contribution to behavioral changes which for now not much has been done.

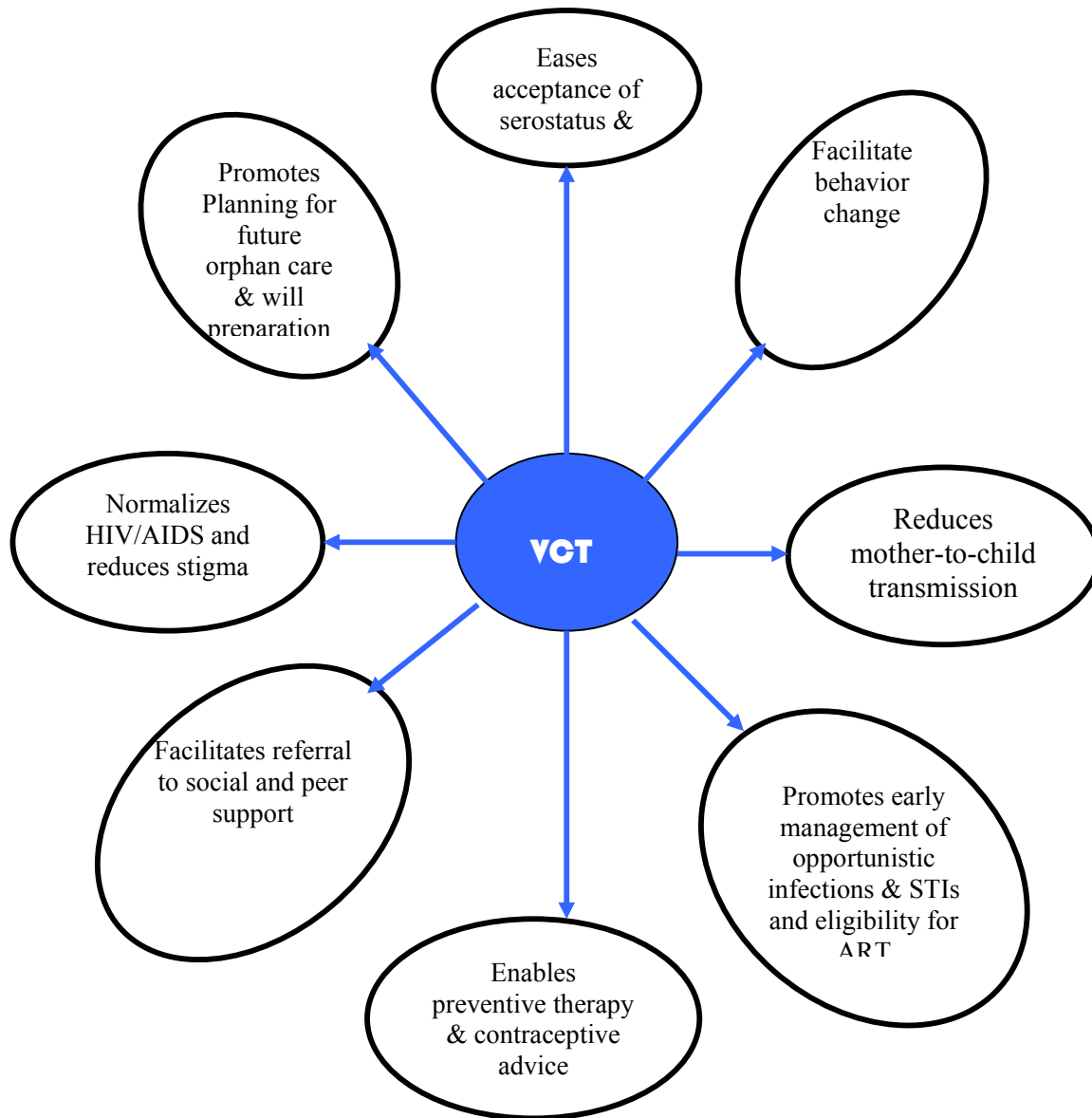
The current study shows that VCT are operating without national monitoring system which is needed in quality assurance. A good example is when young people posed their doubts about the quality of the services to some of the VCT centers. This can be associated with lack of national monitoring system to the services. Moreover, the finding on the professional invaders to the counseling reported by counselors in this study can be linked to it. It was interesting to note that

beside few reported youth who attend the VCT services, they talked about them sharing the VCT experience at least with someone, most likely of the same age group.

Several other ways had been mentioned as a source of information of the VCT services in this study however the finding on young people sharing their experiences about the services they get from VCT centers, show that young people are among the sources of information to the VCT services. Similar situation had been observed in other studies that young people are primary source of health information and identification of the VCT sites. ^(Horizon) ^(Horizon)

Figure 2

VCT AS AN ENTRY POINT FOR HIV TEST AND SERVICES



Source: UNAIDS, Report on the Global HIV/AIDS epidemic – July 2002.

5.1.5.2: Youth's experiences to the VCT services

In the current studies various fears were experienced by respondents when they attended VCT or when they thought of attending the services. Fear of coercive testing was so great to young people in the study done in South Africa that lead into low attendance to the health centers when

they started offering procedures to all people.^(Horizon) This was among the results of the current study that, some of the young people could not access the VCT services due to such fear. Other fear was based in anxiety about the emotional of bearing HIV positive results was found in this study as just like in other studies done in Uganda and Kenya.^(Horizon) Young people first experience which is associated with fear had been mentioned by youth who have not been to VCT services which reflect that they have imaginary understanding to the services. The positive argument attained by young people who have been to the services proves that the VCT services are not well known to none users. Fear of the injection when the blood sample is drawn for test and fear to some of the questions asked by counselors during the counseling session were found in this study indicating that there is a need to advocate the VCT services to youth, especially for those who have not been to VCT services. Otherwise those young people who have not attended the services might have partial understanding which is not much supportive when they are thinking of attending the VCT services. Such discrepancy clearly shows the knowledge gap and lack of in depth information about the VCT services among youth. Therefore, the pronounced fear by some youth can be understood in such context.

The practical things which were found to be interesting to youth when they attend the VCT services were also found in other studies done in some of the developing countries. In other studies youth wanted to meet staff who are kind and who understand youth issues.^(Horizon) This was found in this study when young people were asked about what they liked most when they attended the VCT services. The good qualities of the VCT services and less time spent in the clinics were mentioned by young people as among other interesting things. This finding is also supported by the result from the study done in Kenya and Uganda.^{(Horizon) (Horizon)} The reported young people's interest of being attended quickly when they visit VCT services shows that young people are concerned with anonymity. They do not want to be identified if they had been to VCT services or their worry is to meet someone known to them while queuing. In the study done in Zimbabwe they observed the same concerning youth perception on time spent in the sites.^(Fylkesnes K and Siziya S. 566-72)

However, some informants in the current study had negative experience to the VCT services and were questioning the quality to some of the VCTs. They explained how they were stopped by counselors from accessing the services due to the legal age for HIV testing and resulted to some having negative attitude with VCT services. As previously mentioned that young people are

among the source of information to the VCT services, therefore, negative attitude to the VCT services perceived by these youth might have negative influence to those who have not been to the services yet. And this was mentioned as a barrier to some youth attending the VCT services.

5.1.5.3: Lack of support and negative reactions

There is substantial evidence that parents could play a significant role in influencing their children's to use the VCT services. (Rotheram-Borus MJ et al.) (Horizon) (Horizon) the present study show that parents are not involved when the HIV/AIDS intervention programs are set to young people. This can be explained by the findings about parents and relatives having negative attitude to young people accessing VCT services. It is important to involve and listen to parents to ensure that programs do not go contrary with what parents talk or discuss with their children concerning health issues. Non involvement of parents in such programs may undermine efforts of parents invested in giving health education to their young people. Focusing further to parents being positive with HIV and VCT interventions, therefore, critical studies are needed to check out to what extend parents are knowledgeable on the whole issue of HIV plus the VCT services otherwise they will continue to be barriers to young people who want to attend the VCT services. Some youth from this study were wondering how they can talk with parents on things parents relate with sexuality, they talked of the VCT services being among them. Culturally, young people d not discuss sexual matters with adults; correspond with the findings from other studies which show that still cultural practices are common. (Horizon) (Runeborg A.) Under such cultural influence some of the parents think that they have no obligation in providing the HIV information to their children. There is a need of reducing this gap and reach to a point where youth and parents will accept their differences and have a common understanding on HIV interventions.

5.1.5.4: Quality of the VCT services

As explained earlier about what young people liked most when they attended the VCT services some were, the good quality of the services and less time spent at the premises and getting the results on the same day. This finding is also supported by studies done in Malawi, Zambia, Kenya and Uganda. (Younde PS and Priscila M.) (Horizon) (Horizon) Sites without qualified counselors and insufficient number of them in available sites, accuracy of results and time spent in waiting for results, need to be carefully planned when implementing VCT otherwise they might act as

barrier or attraction to youth for either or not using the VCT services. These were among the reasons for youth attending or not attending the VCT services in this study which were observed the same from those four countries mentioned above.

Efforts which are done by the VCT centers in upgrading the VCT services had been presented in this study by counselors. Counselors conceded that having the group pre-testing session to reduce the time spent by clients in the centers. During the pre-testing, clients have an opportunity for asking questions and being asked questions. When counselors' were asked about clients' participation in group pre-testing mentioned about unequal participation in which girls are not free to participate compared to boys during the session. This is a set back to the counselor's efforts that need to be dealt with effectively by many counselors. They agreed that girl clients are denied the right to freely participate during the group pre-testing session. Only one counselor after learning this shortcoming took initiative to make some changes by having different groups of girls and boys when doing the pre-testing counseling. The implementation to such ideas is good due to the fact that many young girls will be attracted attending the services. However, referring to some counselors not seeing the importance of having separate group when doing pre-testing, denies the right of girls towards participating in the session or some might decide not attending the services at all. Therefore, in order to make such pre-testing being more effective, the responsible people to these centers need to invest on the purposive efforts of reminding counselors looking into this problem and opt for changes.

5.1.5.5: Confidentiality

Young people in the current study are concerned with confidentiality to the VCT services, similar findings came out from studies conducted in other countries.^(Fylkesnes K and Siziya S. 566-72)
(Rotheram-Borus MJ et al.) (UNAIDS) In the present study, most of the young people who were worried with confidentiality at the services and results are those who have not been to the VCT services. Contrary to what were said by most of the youth respondents, young people who have used the VCT services agreed that services are confidential and were supported by counselors. This implies that may be to those with worries that VCT services are not confidential their reason behind might be due to lack of information on what are the procedures carried out at the VCT centers or they use as their defensive pretext for not attending the services. The concern about

confidentiality that was found in this study acts as barrier to some young people attending the VCT services. This corresponds with the finding to other studies mentioned above.

5.1.5.6: Cost to the VCT services

The cost factor was among the concern in studies done in Kenya, Zimbabwe, Zambia and United States, informants insisted that the VCT services should be free to young people.^(Boswell D and Baggaley R) The current study results show that direct and indirect cost of the services acts as barrier to some young people who would be interested to attend the services. The free VCT services to young people cover only the services within the premise leaving out some of the cost like transportation and others related cost important for daily needs of human being. In this study the cost of the services was found not to be free in all the VCT centers and was said by youth that some of them incur a lot of money when they need such services. Their concern was on lack of income while most of the young people depend on their parents or guardians for their income. In a situation where parents are not positive to the VCT services would be hard for youth's asking money for such purpose. In the focus group discussion done in Uganda with youth, one young person explained how difficult it was to ask someone money.

Most youth have no money and little they use they just ask (for) from parents. But how do you start asking a parent that I want money to go for the HIV testing?^(Horizon)

Youth from current studies who had been to the VCT services said about their use of services that were brought at schools, and some attended in few identified free centers. Looking on this trend, it shows that young people are cost conscious and their economic capacity is low. Consideration on expanding the free services might yield more positive result whereby more youth might be attracted to attend the services.

Apart from that, some of the centers were said to be far away to such extend even if parents were willing to assist their children they could not afford. Therefore, cost of following the services was earmarked as a barrier to youth from attending the services. However, it is not known how many youth have attended the VCT services on a free context of the services for those below the age 24.

5.1.5.7: Treatment services

UNAIDS supported the view that, VCTs should develop within Centers integrating HIV information, STD services, and family planning.^(UNAIDS) In the current study most of the informants concurred with the integrating the STIs treatment component in the VCT sites. The finding on lack of the STIs treatment component to some of the centers barring some of the youth's who are not ready to be referred to other health facilities once identified with STIs infection. Mistreatment to young people by some health providers in hospitals if they attend with cases of STIs makes the VCT sites with such treatment a solution to their problem. The stigma related to medical conditions is great when the condition is associated with deviant behavior or when cause of the situation is viewed as the responsibility of an individual.^(Nyblade et al.)

Due to such perception by health providers, it results to some youth avoiding hospital services when they are referred by counselors, opting for other ways of treatments. However, the effectiveness of youth's treatments options is not known along with consequences of such treatment being much of doubts. Also referrals to youth away from the VCT services increases the burden to them by incurring more cost, because most of such services are paid for. Therefore lack or availability of STIs treatment component to the VCT premises acts as a barrier to the services. However, the data from this study show that most of the VCT centers lack such component of STIs treatment and young people expressed this as one of the barriers to them from accessing services. Boswell in her work suggested on having treatment component to VCT services as important criteria in widening up the chance of youth accessing the services. She said that for the VCT to be acceptable, linkage with the ongoing medical care should be considered. Other things found important to be included in the services are provision of ARVs, preventive therapies (TBPT and cotrimoxazole), PMTCT interventions, Family Planning (contraception), and access to condoms (male and female).^(Horizon)

5.1.5.8: Access to the VCT services

Coovadia stated that access to VCT is directly determined by availability of health services.^(Coovadia 57-63) The findings in this study has shown that most of the VCT centers are available in towns as compare with rural areas. As a result people from town are the ones with more access to the VCT services. Unfortunately, apart from youth saying the services are more available in

towns; actually some towns lack such opportunity too. Such services are more prominent in few towns leaving the rest without much information about the VCT services. VCT services are highly concentrated in Dar es Salaam which is also the commercial capital city of Tanzania as compared with other regions.

The mobile services had been introduced by in AMREF Tanzania to reduce the intensity of the problem of access particularly in rural parts. However, from the result of this study some young people were against such services arguing that they do not offer a permanent solution and the intended users might not get access in times when they are not working from that specific area. However, it seems logically important the aim of mobile services before judging on their efficiency. The mobile service in Tanzania was initiated as an agent and effective approach in combating HIV infection rate in areas where access to designated centers are not available. Such mobile clinic has been implemented in countries like Uganda, Zambia, and Malawi by targeting hard- to –reach populations.^(Horizon) Therefore, it is better that these services can be accessed at least sometimes in three months duration than lacking the services at all. Counselors pointed out their experience when working in the mobile clinics that, most of the young people who attend the mobile services are not residing in the area the services are being provided. We can say that young people are looking for the services to areas where they are not known. This implies that they are looking for being given services anonymously, and it shows that the stigma is still attached to HIV.

Also concerning efforts of expanding access to young people to this study confirms other studies findings in which the importance of having VCT that are special for young people was documented. Its importance was seen following the fact that youth reasons for seeking VCT services, outcome and needs following VCT can be different.^(Boswell D and Baggaley R) The argument from young people that youth friendly services give them more chance of freely participation tallies with other study results where young people have been reported talking freely if they find themselves into an environment that is caring and supportive, such as youth friendly services ^{(Monasch and Mahy 15-41) (Runeborg A.)} Just like in many other developing countries the finding from this study pointed out that still such programs are not seen as an urgent need whereby there are no deliberate efforts being invested to it.^(Boswell D and Baggaley R) If no measures are being implemented,

young people will continue being attended in VCT sites which are not special to them and will continue missing the important component of information which are special for them.

Another identified thing that can pose as obstacle to youth attending the VCT services is the implementation of legal age for HIV testing. The legal age for consent to medical procedures in Tanzania is 18 years. Some other countries have the same law as for Tanzania, such as Mozambique, Zambia, Malawi, and Zimbabwe.^(Horizon) However, the agreed legal age for consent to HIV test in Tanzania is 16 years. In this study some young people were denied services leave alone that they were within the agreed age, some were 16 and 17. This implies that some of the counselors do not make distinction with the two categories of age limit, the one concerned with medical care and the other related with HIV test. They apply the legal law concerned in counseling which is for medical attendances instead of what is set for HIV test. Therefore, efforts are needed in making sure that all counselors apply the right policy on HIV test otherwise some young people will continue missing the HIV test due to some counselors' lack of understanding on this legal aspect. Boswell et al came with the same experience and argued that they were aware that some young people are denied the VCT services and Clinical care on the basis of ageism (either based on provider judgment or policy restriction)^(Horizon) The policy on VCT services to less than sixteen has been a challenge to counselors and to young people alike, because it has been set at the age when majority of young people are sexually active. The restrictive policies of not allowing youths' who are less than 16 years from attending the VCT test without the parental consent acts as barrier to some undertaking the services. In the study done in Uganda and Kenya parents were reluctant to support their children who were less than 18 years to undertake the HIV test without their consent.^(Horizon)

There is a conflicting fact arising in a situation where young people do not share with their parent on things which have to do with their personal lifestyle, especially on sexual matters, how we can expect them asking their parents to consent for their HIV test. And it is even worse when the proper service can not be provided to them due to counselor's lack of counseling skills on people who attend the services with the guardian. The reported complaints by counselors that backed up their lack of counseling skills to clients who attend the services with guardians confirm that some of the policies are being implemented without considering some of the important factors. No evaluation is done to them in this study sample so far. As a result some

youth who could benefit from the VCT services lack such opportunity due to the parental consent which acts as barrier to some individual accessing the VCT services.

5.1.5.9: Location of the VCT centers

The disagreement to young people on the suitable location for the VCT centers could be associated by their concern on anonymity and confidentiality as previously discussed. Suggested location of the sites by young people shows that confidential is much important than the setting of the facilities.^(Horizon) Due to the fact that young people have given high values on privacy, careful thought is needed when the VCT services are being implemented otherwise they will not attract and satisfy the intended users. The result from this study shows that location of the centers if not carefully planned is among the barrier to young people accessing the services. An example from this study whereby the VCT center is located in guest house poses an explicit barrier to youth especially the girls, due to the negative perception associated with guest house for those who reside within that areas. In such an environment, clients can be a victim to double stigma, first, the one associated with the use of guest house that he/she went their for sex and to the stigma which is associated with people use of guest house that he/she went their for sex and to the stigma which is associated with people who attend VCT services.

Other studies have shown that perceived stigma can act as barrier to accessing VCT among young people.^{(Horizon) (Nyblade et al.)} However, the idea of implementing the VCT services near school environments has been supported by various advocators of the HIV intervention program for young people. Their concerned is based more in expanding the access to youth than maintenance of confidentiality through anonymous setting of the centers. Boswell et al presented various model of integrating the VCT services in the existing services, schools being among the targeted existing service.^(Horizon) In South Africa the HIV intervention programs have been invested more in schools to meet young people.^(Visser)

5.1.5.10: Counselor's responsibilities

In this study counselors talked about their job as both rewarding and stressful in relation to their obligation in the counseling relationship. This confirms the findings from other studies done in Uganda, Kenya and to other study done in Tanzania.^{(The Voluntary HIV-1 Counseling and Testing Efficacy Study}

Group (2000) Efficacy of Voluntary HIV-1 counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomized trial. 103-12.) (Horizon) Counselors are supposed to provide information at the same time they should maintain confidentiality, they should not be judgmental and they are expected to be good model in the society. In order for counselors to be competent in their work training is important for them including retraining, because the field they are involved in things are not static, many new things are coming up which need their attention in their work. Among of mentioned interest of youth is to meet qualified counselors. Other studies done in East Africa countries which are neighboring Tanzania had the same observation. Other studies done in East African countries which neighbor Tanzania, had the same observation. Findings from Kenya and Uganda among untested youth wanted to be sure that they saw qualified staff that used reliable testing equipments. (Horizon)

Counselors agreed on the challenges they face when attending young people

The current study observed the shortage of trained counselors which lead to centers being attended by the limited number of staff. As a result, some clients do not get the intended services. The low number of available counselors adds the workload to them, and the quality of the services can be easily affected. Coovadia pointed out that the VCT services found in Africa appear to fall short in many specific features including the restricted availability of counselors, workload are heavy and training is limited. (Coovadia 57-63) In a situation where the centre has one counselor like those observed in this study, we cannot expect him/her attending many people, this is almost impossible prevailing the nature of the services. Observation to this, we can argue that there is no link between the HIV/AIDS education efforts with the VCT organization systems. Peer educators keeps on insisting youths to attend the VCT services while in premises the number of staff cannot accommodate such a big number of the motivated young people, as a result some get no access. The study done in Uganda experienced the same problem when many youth were motivated to undertake the VCT services after HIV campaigns as a result they could not accommodate all of them. (Horizon.)

In the study conducted in Kenya and Uganda they observed the same whereby counselors pointed out that working with young people was a big challenge especially in times when were not ready to reveal what made them attending the VCT services or when they do not respond to sensitive questions. Therefore, training counselors to develop the skills were advocated for them

being able to work with youth.^(Horizon) The results from current study shows that VCT centers with unqualified counselors earmarks as barrier to young people from attending to its services.

Age of counselors and preference to young people to be attended by a certain gender was among the finding in this study. It has brought out a certain concern considering them as barrier to young people accessing the services. In the current situation, most of the VCT staff for the available centers in Tanzania are adult and mostly women. For example the range of the age of the counselor's who were interviewed in this study was from 31 to 53 years, Out of twelve counselors whom we had interview with, only one was a male counselor. Looking to this trend and if we try to relate with young people preference of meeting the young counselor or the young male counselor, then possibilities are narrow. In such circumstances when the interests to such youth's are not met, some opt not attend the services at all.

The preference of young counselors in this study can be looked at as an individual concern because some youth appreciated the services got from adult counselors. The inclusion of young age in counseling emerged as a challenge to the study done in Uganda. Adult and peer counselors attended the same training for counseling but young counselors faced special difficulties that did not affect adult counselors. For example, some peer counselors reported that clients occasionally questioned their authority and expertise.^(Horizon.) In the current study youth who were very much concerned with counselors' age and gender were associated with those who had not been to the services. For young people who have been to the services see age and gender of counselors' as not important factors but rather their skill in counseling. Acceptability of counselor regardless of age and gender can be linked to their appreciation to the good services received when they attended the services. Therefore, lack of VCT services experience can be associated with the choice mention above. From this study, some youth agreed that they are not attending the services because they could not access the site with peer counselors.

5.1.5.11: Religious organizations

Also the findings on religious belief, show that some denominations are operating contrary to efforts invested in attracting more youth's towards VCT services. The spread of HIV might be growing in such communities due to their belief that they are safe from infection. Therefore, they do not see any good reason for them to attend the VCT services, or going for HIV test. They believe that they do not sin; by sin they refer to committing adultery. The dangerous part is when

the emphasis on marriage involves getting married within members from the same congregation as how it was presented by informants who are members to such religious organizations. This might contribute to infection if someone joined when he/she was HIV positive.

It is worth noting that in some of the developing countries religious leaders has been used in HIV intervention efforts and proved on the positive effects. Senegal and Uganda are among of the countries in developing world which reported to experience HIV decline. Religious leaders are reported to be involved in advocating abstinence and fidelity on the targeted particular population. These leaders were facilitated by attending short training in a form of workshops to enhance their understanding of HIV/AIDS. These countries recognized that advocacy efforts by religious leaders together with other leaders from other organizations have held a significant impact on overall rate decline.^(Edward CG) However, it should be noted that also in Tanzania there are some religious organizations which are effectively active in HIV interventions. PASADA under the Roman Catholic is among them. When doing the pilot study at PASADA, their Coordinator talked about VCT services as based in Dar es Salaam region and they have an extensive network which includes psychosocial support. Therefore, according to the findings of this study religious leaders need to be more involved in HIV intervention programs. Uganda and Senegal provides a good example on religious organizations involvement to HIV interventions which can be adopted by other developing countries like Tanzania.

5.1.6: Reasons for seeking the VCT services

Some of the reasons to this have been discussed above and they will be only highlighted when they are included in this part. The findings in the current study indicate that young people are attracted to the VCT centers which are special for them and it was observed the same in other studies.^{(Younde PS and Priscila M.) (Horizon)} The data to this study shows that young people seek VCT services when they feel that they are at risk, mostly after unprotected sex, they seldom seek VCT services because of having AIDS symptoms. Other studies observed the same that young people seek VCT services when they are healthy.^{(Fylkesnes K and Siziya S. 566-72) (Horizon)} Also it was found from this study that in case of sicknesses which are associated with AIDS symptoms, sometimes young people become victims of attending the HIV test by force from parents or guardian. Involvement of such action where an individual decision is neglected leads into having some

questions like, to what extent such services can be said are voluntary? What are the considerations of ethical issues in such practice? How confidentiality issues are being maintained? If positive results will be identified to such youth then he/she might easily follow into family rejection, stigma or lack of support. There is a need to investigate knowing the motives behind family members being concerned with suspicious of HIV infection, youth may undergo the HIV test in trying to avoid the negative consequences to young people especially if results will be HIV positive.

Another reason was the same as the findings from the study done in Malawi and Zambia collaborates with finding from this study where future plans to some youth marked as force behind them attending the services. ^{(Younde PS and Priscila M.) (Horizon)} Events associated with this are plan on getting married, having a child, requirement to the job application or studies, or by being among of the scholarship requirements, and when initiating new sexual relationship. However, in this study initiating the new sexual relationship was prominent reason agreed by many informants if we compare with the rest. The data from this study shows that girls who are not in sexual relationship or has not yet made any commitment to sexual partners provides them more autonomy on emphasis undergoing the HIV test as among of the criteria for accepting the new sexual relationship. This is a different experience from girls who are in marriage or who are in permanent sexual relationship according to the findings from other studies. In the study conducted in Tanzania on HIV and Partner Violence, it was found that many women who are in permanent sexual relationship lack autonomy to make decision about HIV testing. ^(Horizon) Also for a girl telling the prospective sexual partner to check their HIV status before indulging into sexual relationship show that girls are more concerned about their health, lives and future. This has similar findings from other study that girls are more likely to seek and respond to healthy information than boys. ^(Horizon.)

However, data from the current study agreed on young males being more open to counselors than young female when they attend the services this might result to male accessing more support from counselors than girls because counselors depend much on the clients openness to what brought him/her at the center. Like how it was said by one informant that “counselors are not angels that they will know your problems unless you tell them.”

Another reason for young people attending the VCT services mentioned in this study related with an individual intention of knowing his/her health status. This finding is also supported by the findings from studies done in other countries. (Younde PS and Priscila M.) (Horizon) (Horizon) However, in the current study contradiction arose between counselors and youth when presenting the major reason for youth attending the VCT services. Counselors associated with the outcomes of sexual act as the main reason for young people attending the VCT services while youth talked about them knowing their health status as major reason to their attendance to the VCT services. This show that young people do want to accept the fact that they involve in sex issues which leads them into HIV infection. Other reasons for young people attending the VCT services mentioned were, involvement in road accidents forces some to undertake HIV test to see if they have been infected in a course of accident, those who had blood transfusion, and whose sexual partners died of AIDS or suspected on having HIV positive status. HIV positive status to the sexual partner was also identified as among of the factors behind some young people seeking the VCT services.

Other reasons were discussed earlier are among the influencing factors for some young people attending the services. Influence from peer, attraction to the VCT services apart from testing, and access to the VCT sites. Moreover, some use the VCT sites as their source of HIV/AIDS knowledge therefore they go there for this purpose or due to the influence gained from HIV campaigns. Also young people who donate blood some opt to undergo HIV test. These reasons were observed in other studies conducted in USA, Malawi, Zambia, Uganda, Zimbabwe, and Kenya. (Coovadia 57-63) (Horizon) (Younde PS and Priscila M.) (Horizon)

Some youth attend the VCT services in response to the environment they find in. In this study some youth attended the VCT services as a force behind their school policy. This can be associated with those who test due to the forces behind their parent or relatives. The problem with such youth who attend the services through cohesion lies on how the consent, the whole issue of confidentiality and voluntarism of the VCT services as previously presented when discussing about youth who are forced by parent and relatives to undergo HIV test. As explain earlier, a follow up to such action is needed checking that the provision of these services are done according to the set policies.

Antenatal services marked as among the force behind some young pregnant women accessing the VCT services. Most of the antenatal services in Tanzania have the HIV test component

therefore to pregnant girls are obliged to attend the VCT services among the regular services in clinics. Boswell and MacCauley in their works they talked about VCT in developing countries that most of them have implemented this program of prevention of mother to child transmission (PMTCT) which facilitate HIV testing to women including young pregnant girls.^{(Boswell D and Baggaley R) (Horizon)}

Confidence reported by informants makes them attend services by thinking that they are safe due to their non involvement into sexual affair. This can be understood in the context that young people associate the sexual HIV transmission way to them than other ways.

5.1.7: Reasons for not seeking the VCT services

Generally the findings on young people who attend VCT services estimated to be less than 50% supports the argument that uptake of the VCT services by young people is low. It was observed the same in studies done in other countries and forced them to initiate new ways of attracting youth to attend the VCT services.^{(Samet et al. 371-77) (Horizon.) (Horizon) (Fylkesnes K and Siziya S. 566-72)}

Various factors emerged in this study as the reasons for youth not attending the VCT services. Lack of information to the actual practice of the VCT was identified as a barrier to some youth attending the VCT services. The mentioned fear that they might be forced to test; fear of the syringes for drawing blood for sample and fear to some of the sensitive questions and their concerned that blood can be mixed are relevant examples of young people's lack of information about VCT services. Time spent in the VCT premises and waiting for the results are among the barriers found in this study. In the study done in Zambia, Uganda and Malawi these were identified among the reasons to some not attending the VCT services.^(Fylkesnes K and Siziya S. 566-72)

^{(Younde PS and Priscila M.) (Horizon.)} Other reasons to this in the current study were lack of access to the sites and low quality of the services to the available centers force out some people who were interested in attending the services. Moreover, findings found in this study which are similar to the study done in some of African countries was fear of attending the VCT services that will increase stress caused by learning that one was HIV- positive would exacerbate the disease.^{(Horizon.) (Horizon) (Horizon)}

Another factor identified in this study that acts as barrier to youth attending the VCT services was on the location of some of the existing sites. Some youth were not ready to attend the

services because the sites were located in areas where they are exposed to stigmatization. A good example to this is the mentioned VCT services which is allocated in guest house. In the study done in Zambia and Uganda, data indicate that a high percentage of youth were willing to be tested if they were offered testing in a private setting. ^{(Fylkesnes K and Siziya S. 566-72) (Horizon.)} Lack of reason was among of the factor behind some not seeking the VCT services. Some youth agreed on them that currently they have no reason which can act as a force behind them attending the services. However, their intention of attending the VCT services in future when they will have reason shows that young people perceive benefits of HIV testing.

Other reasons are irresponsibility to one own health, confidence to some that they are not at risk of HIV infection and the concept behind some youth thinking that they are still child therefore the VCT services are not for them were identified in this study. Also policy on HIV test restricts some young people from accessing the services. The finding on lack of support to youth by people around them denounces the efforts implemented in HIV intervention to young people. The negative effect on seeking the VCT services is high to young people when they are aware that they are not supported by people around them. Sometimes they will rely on other people advices even if those advises goes contrary to their health seeking behavior by avoiding stigma and lack of support if they will test positive. In a current study some young people stopped from seeking the VCT service by relying on relatives and friends advises. Therefore this findings show that young people decision of undergoing the VCT services sometimes is influenced by people around them.

Also in this study we observed that some young people who have been in sexual relationship with many different sexual partners hesitated to undergo the test due to their feeling that there is no need to undertake the test because they now that they are already infected by HIV. Other findings to this study which had the same result with quoted above research work, people who had never had sexual intercourse or unprotected sex did not see the need for testing; they felt they were safe. Similar findings observed in the study conducted in Uganda where few youth who had had many sexual partners, or had a partner who was either ailing from or had died of AIDS, did not see the need for testing because they strongly believed that they were already HIV positive. ^(Horizon.) Choice of counselors was also mentioned as among of the obstacle to youth seeking the services. Some young people do not attend the services if they now that the

accessible sites have adult counselors or if their choice of meeting a certain sex is not met. The data to this study show that young people are concerned with confidentiality; they are ready to attend the services if they are assured of the confidentiality to the services. This finding is also supported by findings from studies done in other countries. (Fylkesnes K and Siziya S. 566-72) (Horizon) (Birdsall k et al.) (Horizon)

Some of the religious organizations were identified as an obstacle to some youth who want to attend the VCT services due to their teachings which goes contrary with undertaking the HIV test. Lack STIs component in the VCT services and cost involved in when seeking the services are among the reasons found in the current study as barrier to some young people seeking services. Such reasons were also found in other studies done in some on the African countries. (Horizon) (Fylkesnes K and Siziya S. 566-72) (Horizon.) (Horizon)

Conclusively we can say decision to young people attending or not attending the VCT services is being influenced by an individual with other social, cultural and economic factors surrounding them. Moreover, some of the implemented policies contribute to youth attending VCT services or not. Most of the reasons which found to be barriers to youth seeking VCT services in this study are similar to what had been observed by others studies. However, some of the reasons are more peculiar to this study like lack of reason, that youth have no reason to attend services. Choice of counselor is among of reason, in other studies choice of counselors referred to age in this study youth went further considering age and sex. Repeatedly youth mentioned fear associated with some of the sensitive questions asked by counselor as among of the reason for them not attending services. Furthermore, young age syndrome is found being among of the factor for some youth not seeking VCT services. Parents think that their children are still young to undertake such services; also some of the young people have the same argument. These are among of the reasons found more peculiar to this study.

5.1.8: Suggestions and opinions from study participants

Respondents' suggestions and opinions might carry an important message for changes because their ideas come from their actual experiences. Their suggestion on improving the VCT services should not be neglected due to the shortcomings identified in the study which make the process of HIV intervention efforts through VCT being impeded by various factors. Opinion on involving teachers in HIV/AIDS intervention efforts especially to school children is valid

because children spent most of their time at schools. Also from other studies they come out with the findings whereby some children start indulging into sex at early age, therefore early HIV information to them seem to be important. (Kaaya, Leshabari, and Mbwapbo 51-60) (Bohmer L. and Kirumari E)

Findings from survey conducted in three countries of Sub-Saharan Africa shows that, sexual and reproductive health education is likely to be more effective if it is started before children becomes sexually active and already acquired attitudes and practices that are often countries-reproductive to positive sexual behaviors and attitudes. (Bennell P, Hayde K, and Swainson N)

Their suggestion about involving teachers in HIV information giving to youth might bring positive results due to the fact that they have an added advantage of having knowledge on teaching methodology. If they are well trained in this field they can feel the gap to the few available Peer educators. Also the knowledge will reach many young people due to the good coverage of schools especially primary schools in Tanzania. Schools are among of the targeted area for HIV intervention proposed in studies done in other countries (Horizon) (Samet et al. 371-77) (Visser)

(Horizon) Therefore, informants' suggestion to this goes parallel with efforts which are being invested in many other countries where schools are targeted for HIV intervention. And teachers were seen as important in the fight against HIV if effectively involved in HIV interventions programs. (Bennell P, Hayde K, and Swainson N)

Other suggestion from informants had to do with ways of delivering HIV/AIDS information to young people. They suggested that there should be camps for youth's whereby HIV/AIDS knowledge will be given in groups. Economic constrains can make such program ending into poor outcomes. Possibilities of having a big coverage to such project are narrow hence the gap of access to HIV/AIDS knowledge can be enlarged if not effectively planned. Therefore, before investing in such programs careful plan are needed.

Both counselors and young people did express a concern about the reasonable age for giving the HIV/AIDS education, some preferred from the early age and others from primary school level onwards. Generally their suggestion based on the idea that age should not be a limiting factor when HIV/AIDS education is being promoted. Their suggestion is a direct message to Health education planners that they need to plan education programs that will cut across all ages.

Results from other studies show that, sexual and reproductive health education is likely to be more effective if it is started before children becomes sexually active. (Rotheram-Borus MJ et al.) (Zabin LS)

and Kiragu K 210-35) Another opinion by respondents was on increasing sensitization efforts so that many young people could access the VCT services. Currently, as previously mentioned sensitizations efforts in Tanzania are more directed to urban leaving behind the rural areas. Therefore their suggestion of widening up the sensitization program is relevant in point of time.

More opinion from informants was on the way how access can be expanded through integrating the VCT services in the available health facilities. Looking to the health system in the country most of the health facilities across the country are government owned. Therefore, this suggestion is directed to the government Health policy makers that actions are needed where the VCT service should be integrated in health facilities including the private owned. If the adoption of such program will be successful then more people will be assured of getting the VCT services. Therefore, for youth who fail to attend services because of lack of access to VCT center or who are economically unable following the services will be accommodated in such programs. Some youth do not seek services until they come across them if such services will be implemented in every health facilities then they can be attracted to undergo the HIV test. This recommendation goes parallel with what has been in favor by many young people; they are not interested in attending more than one health facility for the same problem.

Moreover, integration of other services like STIs treatment apart from HIV test will reduce the negative consequences to youth who attend in other health facilities different from VCT centers. The idea of integrating health services within VCT centers is an agenda put forward by some international organization to improve the VCT services. UNAIDS recommended that VCT should develop within centers integrating HIV information, STD services, and Family Planning.^(UNAIDS) Therefore, this suggestion is valid in improving the VCT services and attracting more young people.

Also suggestion by respondents that the government need to intervene in ongoing VCT services is significant because most of them are run by Non Governmental Organizations (NGOs). Most of the NGOs their services are confined at a certain place according to their economic capacity and interest as a result some places have benefited more than others. The only NGO which has big coverage to date in Tanzania is ANGAZA under AMREF. Therefore, this suggestion is valid in a sense that government efforts are needed to balance the situation and also there is a need to

control the VCTs which operate in the country. Quality control is important for sustainability of the services.

Some respondents' opinion was on increasing the number of VCT which are special for young people. In a supportive way this is also an important suggestion because from the finding of this study young people talked about them being interested to attend in the VCT which are special for them with friendly services. Also the VCT centers which are special for young people are very few which demands on having more. As it was explained previously such interest is also to other youth in other countries. This shows that this is practical if we want to enlarge the number of youth who use the VCT services.

Incorporating young people in providing the services was also paid attention by informants when giving suggestions. This can be done by seeking their ideas on how the services can be improved to suit their interest. It is not only from this study that they see the importance of involving young people when they decide programs for them even in other studies they observed the same^{(Runeborg A.) (Boswell D and Baggaley R)} There is a danger when planning health programs for young people undermining many of the things which are of interest to them especially when planners involved happened to be adult. It is important that young people are involved in formulating and designing projects and programs on their own terms but under guidance of caring and youth friendly adults.

Parents' involvement in giving HIV/AIDS education to young people by convincing their children attending the VCT services was among the suggestion given by respondents. If parents are not empowered with HIV/AIDS information then the responsibility which they are expected to perform can not be effective. Therefore, before we expect them performing their responsibility of educating and convincing their children to use the VCT services it is important to make sure that parents are confident and have reliable knowledge of HIV/AIDS because from the study it was found that parents are not much knowledgeable on HIV/AIDS issues.

Moreover, improvement to the VCT services was among the things mentioned when giving out suggestions. They talked about having equipments for testing of good quality for HIV test in getting accurate results, also to check the syllabuses which are used in training counselors. All these are important if we need to have the good quality and coverage of the VCT services which

might lead into attracting many youth's attending services. Suggestion which already has been discussed earlier is among of the factors to be considered when planning on provision of VCT services of good quality. The increment of the VCT centers should go hand in hand with increasing the number of counselors. VCT centre are not complete if counselors are not there, having the balanced representation of VCT centers and number of counselor will serve a good number of young people.

Also informants talked about screening advertisements which are put in VCT centers that they do not include the terrifying pictures. It is not a time when people are supposed to be told on threatening experiences but rather be informed on the supportive information for change. I think what they suggest carries the genuine argument because we are no longer in era of terrifying people about HIV/AIDS but rather providing the relevant information to them.

Opening hours to the VCT services was among of the things considered by informants when giving suggestions on improving young people attendance to VCT services. If time is not well planned VCTs might work contrary to young people programs, as a result many will not access the services. An example, from this study some of the students admitted that the accessible sites for them are not working in week-ends and in other public holidays when students are free. As result some use VCT services when they have long vacations. Furthermore, respondents suggested that follow up after post testing to HIV youth is urgent due to the fact that some people who are HIV positive lack support and face stigmatization from people surrounding them. Therefore, follow up provides psychological and material support which are very highly needed by an infected person. This had been recommended in other studies in other part of the world like in Kenya, Zambia, Malawi, and Uganda to mention the few. (Fylkesnes K and Siziya S. 566-72) (Younde PS and Priscila M.) (Horizon)

Suggestions and opinions hat are given by respondents' carries significant messages for change and if they are put into practice will lead to improvement on use of the VCT services, knowledge on HIV/AIDS among young people in Tanzania, and to other countries as whole.

5.9: CONCLUSION

This study aimed at examining the factors influencing young people decision in accessing or not accessing the Voluntary HIV counseling and testing. Regardless to the VCT services being free

of charge to young people from the age of 24 years and below, decisions to youth's attending the services or not is influenced by various factors around them. The findings show that most of the young people who attend VCT services are those who feel that they are at risk, especially after involving into unprotected sex according to counselors experiences. Also few attend with reasons of knowing their health status. Also influence from friends who have been to VCT services identified as among the forces behind some young people in this study being attracted attending the VCT services.

Other reasons were not much associated with youth as the reasons for them seeking the VCT services, like attending the VCT services when they have a certain event plan such as getting married, having a child, requirement to the job application or studies, or by being among of the scholarship requirements.

Results show that barriers to access the VCT services by young people are related to individual, social, cultural and economic factors. Just like in other VCT services in developing world, **(Horizon)** the VCTs which operate in Tanzania are working under constraints which act as obstacles in providing VCT services. Very few available VCT sites have the medical treatment component in their services, there are few trained counselors especially in youth friendly services, workload to counselor are heavy, there are limited opportunities for retraining counselors. Other obstacles being lack of resources to run the VCTs, difficult in accessing the services, restrictive policy on age limit for HIV test, lack of national monitoring system, lack of continuing support to HIV positive youth, also negative attitude to the VCT services by people surrounding youth's contribute to low uptake of the VCT services by young people. Youth's confidence that they are not at risk, an individual fear which is associated with stigma and segregation to people with HIV positive results, irresponsibility to an individual health, were among of the reasons associated with youth not attending the VCT services.

Moreover, from the findings knowledge on HIV/AIDS including the VCT services was among of the factors that contribute to young people attending or not attending the services. Young people who had access to HIV/AIDS knowledge through HIV interventions efforts geared to youth's in schools and out of schools environments tend to seek VCT services. While in areas without such intervention programs the return rate of young people to the VCT services mentioned to be low.

From such results we can conclude that multi approaches are needed if we intend to make the VCT services being attractive and used by many young people.

5.10: RECOMMENDATIONS

5.10.1: Expand the source of HIV/AIDS information

Findings to this study show that HIV/AIDS intervention programs are concentrated in urban areas leaving the rural parts suffering the consequences. To increase the coverage of HIV/AIDS information giving, there is a need to have special programs which will be operating in schools. In a school system the form of knowledge giving should be both formal and informal settings. Intention should be to cover as many school children as possible and this will serve the purpose of giving knowledge to children before they become sexually active. This is supported by the survey done in three countries, Botswana, Uganda, and Malawi, even the young children are very aware of and concerned about HIV/AIDS. Youngest children who took part in these surveys were in the year 4, which means they were as young as nine, they all heard of HIV/AIDS. (Bennell P, Hayde K, and Swainson N) Out of school young people to them role plays and other informal way of knowledge giving are more acceptable than formal ones. Therefore, peer educators should actively involve themselves in providing role model for other young people. If youth's are well knowledgeable even the returns to that knowledge will be clear like young people accepting the VCT services. In areas with access to newspapers, TV, radio the health information can be channeled through such means of communication. This can be done by having special programs in radio and TV for young people and in the newspapers special articles should be put for information gain. In areas without access to such mass media education should be granted through popular theater, using professional actors to deliver the concrete messages to young people and in a simple language. Posters, brochures should be distributed in a big number in areas where access to TV, Radio and newspaper is limited. In Uganda media promotion of VCT services by Straight talk and radios lead to influx of young people seeking VCT services. (Horizon.) As for now most of the brochures and posters are found in VCT centers where already people who attend there have access to the HIV/AIDS knowledge through counseling. To expand access of information to such materials, strategies are needed that materials are placed in secured and open places for those with intention of using having access also reducing the possibilities of

being misused. In making sure that young people pay attention to the knowledge which is granted to them it will be good if there will be competition and presents should be given to those who win. It is not only youth's who do not pay attention to the knowledge about HIV/AIDS even some adult do the same therefore involvement of all ages to HIV intervention is important if we think on improving the information sharing among youth and other age groups.

There is a need to put more emphasis on Community –based programs to reach many young people especially in rural areas and those who are not schooling. Establishment of care and support component in the available VCTs and the oncoming ones will serve young people who test positive. In the current study most of the VCT available lack such important component and youth were concerned with it.

5.10.2: Improve the quality of VCT services

VCT services can be improved in various ways, by making the available VCT services more youth friendly services. Therefore, the training of the available counselors on the skills of how they can deal with young people is important if we want them to work with youth effectively. Also retraining programs to counselors are important because counseling is not static, it is dynamic there are some of the things are getting out others are coming in therefore according to this it becomes necessary for counselors to attend in refresher courses so that they are being retrained. It is possible on what they learned in past five years are already out of use but there are other things came in then retraining is important to cover this discrepancy. In this study counselors talked about health providers lacking such opportunities of attending retraining courses as a result they work with challenges due to lack of new skills.

Provision of ongoing counseling services to young people is important to meet youth needs. Counselors from this study talked about it by saying single or two sessions of counseling sometimes are not enough to some youth then more counseling session are done depending on the reasons behind them seeking services. Also if in all of the available VCT sites will have the STIs treatment component it might attract many young people to use the services and will reduce the stigma to those who attend such treatment in other health facilities. Moreover, by introducing youth friendly services within the available VCT services might improve the uptake of the VCT services among young people. Introduction of youth friendly services should go hand in hand with increasing skills to counselors on youth friendly services.

5.10.3: Provide positive attitudes towards HIV intervention efforts

Responsible people in HIV intervention to young people need to think of consulting policy makers on an established legal age for HIV test. I think it is important if such policies are working in response to young people level of HIV infection. As previously talked about young people being sexually active below the legal age of HIV test therefore, consideration on changes to this policy seems to be necessary. Also perceived negative attitude to the VCT services by parents, relatives, adults, religious leaders need to be tackled by the use of mass media and other community mobilization efforts. There is a need to have more supportive programs that will reduce stigma around VCT testing and those which will be dealing with promotion of widespread of HIV testing.

5.10.4: Suggestions for further studies

The current study is limited to the number of the VCT sites, schools and the informants from whom data have been gathered. On other hand in the process of conducting the study some areas necessary for more research emerged. Hence resulted to the following suggestions:

1. Similar studies involving urban and rural setting should be conducted.
2. Evaluation studies on whether young people adopt safe behaviors after the VCT should be conducted.
3. Studies should be conducted investigating the effectiveness's of the Government VCT policy.
4. Studies on the role of Non Governmental Organization to the VCT intervention should be conducted

Reference List

- The Voluntary HIV-1 Counseling and Testing Efficacy Study Group (2000) Efficacy of Voluntary HIV-1 counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomized trial. Lancet 356, (2000): 103-12.
- The Voluntary HIV-1 Counseling and Testing Efficacy Study Group (2000) Efficacy of Voluntary HIV-1 counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomized trial. Lancet 356, (2000): 103-12.
- Assimwe D, Kibombo R, and Neema S. Focus Group Discussion on Social Cultural Factors Impacting on HIV/AIDS in Uganda, Final Report. 2003. Kampala, Makerere Institute of Social Research (MISR).
- Ref Type: Report
- Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.
- Ref Type: Report
- Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.
- Ref Type: Report

Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.

Ref Type: Report

Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.

Ref Type: Report

Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.

Ref Type: Report

Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three country studies. 2002. University of Sussex Institute of education, Centre of International Education.

Ref Type: Report

Bennell P, Hayde K, and Swainson N. The Impact of the HIV/AIDS Epidemic on the Education sector in Sub-Saharan Africa. A synthesis of the findings and Recommendations of three

country studies. 2002. University of Sussex Institute of education, Centre of International Education.

Ref Type: Report

Birdsall k, Hajiyrannis H, Nkosi Z, and Parker W. Voluntary Counseling and Testing (VCT) in South Africa: Analysis of calls to the National AIDS Helpline. 2004. Centre for AIDS Development, Research and Evaluation (CADRE).

Ref Type: Report

Bohmer L. and Kirumari E. Access to Reproductive Health Services: Participating Research with Ugandan Adolescents. Final Report and Working Paper. 1997. Los Angeles, Pacific Institute for Women's Health.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Boswell D and Baggaley R. Voluntary Counseling and Testing and Young People; A Summary overview. 2002. Family Health International.

Ref Type: Report

Bryman A. Social Research Methods. 2nd ed. Oxford University Press., 2004.

Campbell, C. H., Jr., et al. "The role of HIV counseling and testing in the developing world." AIDS Educ.Prev. 9.3 Suppl (1997): 92-104.

Castle, S. "Doubting the existence of AIDS: a barrier to voluntary HIV testing and counselling in urban Mali." Health Policy Plan. 18.2 (2003): 146-55.

Coovadia, H. M. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

---. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

---. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

---. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

---. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

---. "Access to voluntary counseling and testing for HIV in developing countries."

Ann.N.Y.Acad.Sci. 918 (2000): 57-63.

Cregson S, et al. "Is there evidence for behaviour change in respons to AIDS in rural

Zimbabwe?" Social Science Med 46 (1998): 321-30.

Edward CG. The Impact of Religious organization in promoting HIV/AIDS Prevention. 2002.

Ref Type: Report

Fisher A, et al. Designing HIV/AIDS Intervention Studies: An Operations Research Handbook.

Washington DC: Ppulation Council Inc, 2002.

---. Designing HIV/AIDS Intervention Studies: An Operations Research Handbook. Washington

DC: Ppulation Council Inc, 2002.

Fylkesnes K and Siziya S. "A randomized trial on acceptability of voluntary HIV counseling and testing." Tropical Medicine and International Health 9.5 (2004): 566-72.

Gregson S, et al. "Sexual mixing patterns and sex differentials in teenage exposure to HIV infection in rural Zimbabwe." The Lancet 359 (2002): 1896-903.

Horizon. HIV and Partner Violence implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania. 2001. Washington, Population Council Inc.
Ref Type: Report

Horizon. HIV Voluntary Counseling and Testing among Youths: Results from an Exploratory study in Nairobi, Kenya, and Uganda. 2001. Washington, Population Council Inc.
Ref Type: Report

Horizon. Equitable Access to HIV Counseling and Testing for Youth in Developing Countries: A review of current practice. McCauley A. 2004. Washington DC, Population Council Inc.
Ref Type: Report

Horizon. Social Relationship and Adolescents' HIV Counseling and Testing Decisions in Zambia. Denison J, Lungu M, Dunnett-Dagg W, MacCauley, and Sweat M. 2006.
Washington DC, Population Council Inc.
Ref Type: Report

Horizon. Attracting youths to voluntary counseling and testing services in Uganda. Research summary. 2004. The population council Inc.
Ref Type: Report

- Kaaya, S. F., et al. "A review of studies of sexual behaviour of school students in sub-Saharan Africa." Scand.J.Public Health 30.2 (2002): 148-60.
- Kaaya, S. F., M. T. Leshabari, and J. K. Mbwambo. "Risk behaviors and vulnerability to HIV infection among Tanzanian youth." J.Health Popul.Dev.Ctries. 1.2 (1998): 51-60.
- Kipp W, Kabarambe G, and Konde- Lule J. "Hiv counselling and Testing in rural Uganda: Communitys' attitudes and perceptions towards an HIV Counselling and Testing programme." AIDS CARE 14.5 (2002): 699-707.
- Kiragu K (ed). "Youth and HIV/AIDS. Can we avoid catastrophe?" Popul.Rep.L. 12 (2001): 1-39.
- Krueger RA. Focus Groups: A Practical Guide for Applied Research. Newbury Park, California: Sage Publications., 1988.
- Lau c and Muula AS. "HIV/AIDS in Sub-saharan Africa." CMJ 45.4 (2004): 402-16.
- Margreth S. "Disempowerment of Men in Rural and Urban East Africa: Implication for Male Identity and sexual behavior." World Development 29.4 (2001): 657-71.
- Meekers, D., M. Klein, and L. Foyet. "Patterns of HIV risk behavior and condom use among youth in Yaounde and Douala, Cameroon." AIDS Behav. 7.4 (2003): 413-20.
- . "Patterns of HIV risk behavior and condom use among youth in Yaounde and Douala, Cameroon." AIDS Behav. 7.4 (2003): 413-20.
- Monasch, R. and M. Mahy. "Young people: the centre of the HIV epidemic." World Health Organ Tech.Rep.Ser. 938 (2006): 15-41.

Mwakagile D, et al. "Sexual behaviuor among youths at high risk for HIV-1 infection in Dar es Salaam, Tanzania." Sex Transm Inf 77.4 (2001): 255-59.

National Bureau of Statistics (NBS). The United Republic of Tanzania; 2002 Population and Housing Census. 2002. Dar es Salaam, Tanzania. NBS.

Ref Type: Report

Nyblade, L., et al. Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania and Zambia. Washington,DC 20036 (USA): International Center for Research on Women (ICRW), 2003.

Prime Ministers Office. The United Republic of Tanzania; National Policy on HIV/AIDS. 2001. Dar es Salaam, The Prime Ministers Office.

Ref Type: Report

Rotheram-Borus MJ, et al. "Prevention of HIV Among Adolescents." Prevention Science 1.1 (2000).

Runeborg A. Sexuality-a super force: Young People, Sexuality and Rights in the era HIV/AIDS. 2002. Stockholm, Sida, Department for Democracy and Social Development, Health Division (Art.No.SIDA_{1633en}).

Ref Type: Pamphlet

Samet, J. H., et al. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

---. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

---. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

---. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

---. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

---. "Factors associated with HIV testing among sexually active adolescents: a Massachusetts survey." Pediatrics 100.3 Pt 1 (1997): 371-77.

Silverman D. Doing Qualitative Research. 2nd ed. London: SAGE Publications Ltd, 2005.

UNAIDS. Counseling and HIV/AIDS. UNAIDS Technical Uptade. 1997. Geneva, UNAIDS.

Ref Type: Report

UNAIDS. HIV Voluntary Counseling and Testing: A Global review of Benefit and Challenges.

2002. Best Practice Collection, Geneva, Switzeland.

Ref Type: Report

UNAIDS Nigeria. "The 14th International Conference on AIDS, Nigeria, 4 December 2005." Jan.

16, 2006. 2005. UNAIDS Nigeria., Abuja.

<http://www.aidsmedia.org/content/news/detail/1289>.

UNAIDS. UNAIDS, Report of the Global AIDS Epidemic. 2004. Bangkok. UNAIDS XV International AIDS Conference Bangkok (11-16, July 2004).

Ref Type: Report

Visser, M. J. "Evaluation of HIV/AIDS prevention in South African schools." (2004).

---. "Evaluation of HIV/AIDS prevention in South African schools." (2004).

Webb EJ, et al. Unobtrusive Measures: Nonreactive Measures in the Social Sciences. Chicago.: Rand McNally, 1966.

World Bank. Tanzania AIDS Assessment and Planning Study, Country Study. 1992. Washington DC., World Bank, December 1992.

Ref Type: Report

World Health Organization (WHO). "The United Republic of Tanzania; Summary Country Profile for Scale-Up.". 2005. WHO <http://www.who.int/3by5>.

Younde PS and Priscila M. Voluntary Counseling and Testing (VCT) for HIV in Malawi: Public Perspective and Recent VCT Experience. Calverton, Maryland, USA : ORC Macro., 2004.

Zabin LS and Kiragu K. "The health consequences of adolescent sexual and fertility behaviour in Sub-saharan Africa." Stud.Fam.Plann. 29 (1998): 210-35.

APPENDICES

(i)

Appendix A

TIME LINE

	Time- frame	Activity
1	July, 2006	-Traveling to the study country (Tanzania), and application of ethical clearance with the permission for conducting the study from the region and district officials.
2	Mid August, 2006	- Visiting of the study areas doing prior preparation for recruitment process and fixing appointments with recruited respondents.
3	September to November, 2006	- Data collection, entry and data cleaning
4	December, 2006	Continue with data cleaning and traveling back to Norway starting the data analysis.
5	January to June, 2007	Continued data analysis and submission of the thesis.

(ii)

Appendix B

STUDY CONSENT FORM NO1.

You are being asked to consent for your participation into a study that aims at explores factors behind youths deciding on use or not using the Voluntary, Counseling and Testing services (VCTs). We are asking you to participate in this study because you are among of the young people/member of this community and thus a potential informant on community social services including health services.

Study procedures

This study will involve six focus group discussions (FGDs) with youths and twenty in-depth interviews. Ten in-depth interviews will be with youths and the remaining ten with VCTs service providers. If you decide to be in our study, we will request you to answer a few questions on your opinion, knowledge, and experience regarding youth's use of VCTs services within the available VCTs sites. The expected time to spend in In- depth interviews is from 45 minutes to an hour depending on an individual participation. The FGDs will take 1.30 to 2 hours also depends on the dynamics of the group.

Confidentiality

The information we get from you will be kept confidential, you are information will be accessed only by research members of this study. In any way, information will not be linked to your individual name and will no implication to your current and future status to social services including health services in the area. Your name will not be mentioned in any paper or report about this study. Your identity to this study will base on the agreed identification item (ID).

Benefits

There is no direct benefit for you participating into the study. However, the information that you are going to provide to us will help in improving VCTs services in relation to youths needs. In additional, you are participation will assist in finding the reasons and suggested solutions to those youths who do not want to attend VCTs services due to their different perception and understanding concerning its services. Moreover, there is a possibility that you will enjoy the discussion with our researcher.

Participation

Participation into the study is voluntary. You have the right to decline participation or withdraw from the study at any point of the interview. Your decision to participate or not will not in any way interfere with your ability to receive any available VCTs and other health services in this area. Moreover, you're not subjected to say why you are quitting the study.

If you agree to participate into the study, please, give your signature at first place below.

Signature of the respondent.....Date.....

Signature of the interviewer.....Date.....

(iii)
Appendix C

STUDY CONSENT FORMS NO 2.

You are being asked to consent for your child who has been requested to participate into a study that aims at exploring factors behind youths deciding on use or not using the Voluntary, Counseling and Testing services (VCTs). We ask you to consent because your child is below 18 years and according to Tanzania laws he/she is not allowed to do it for himself/herself. Moreover, he/ she has been asked to participate in this study because your child is among of the young people/member of this community and thus a potential informant on community social services including health services.

Study procedures

This study will involve six focus group discussions (FGDs) with youths and twenty in-depth interviews. Ten in-depth interviews will be with youths and the remaining ten with VCTs service providers. If you accept your child to be in our study, we will request him/her to answer a few questions on his/her opinions, knowledge, and experience regarding youth's use of VCTs services within the available VCTs sites. The expected time to spend in In- depth interviews is from 45 minutes to an hour depending on an individual participation. The FGDs will take 1.30 to 2 hours also depends on the dynamics of the group.

Confidentiality

The information we get from him/her will be kept confidential, his/her information will be accessed only by research members of this study. In any way, information will not be linked to his/her individual name and will have no implication to his/her current and future status to social services including health services in the area. His/her name will not be mentioned in any paper or report about this study. His/her identity to this study will base on the agreed identification item (ID).

Benefits

There is no direct benefit for him/her participating into the study. However, the information that he/she is going to provide to us will help in improving VCTs services in relation to youths needs. In additional, his/her participation will assist in finding the reasons and suggested solutions to those youths who do not want to attend VCTs services due to their different perception and understanding concerning its services. Moreover, there is a possibility that he/she will enjoy the discussion with our researcher.

Participation

Participation into the study is voluntary. He/she has the right to decline participation or withdraw from the study at any point of the interview. His/her decision to participate or not will not in any way interfere with his/her ability to receive any available VCTs and other health services in this area. Moreover, he/she is not subjected to say why he/she is quitting the study.

If you accept him/her to participate into the study, please, give your signature at first place below.

Signature of the parent/guardian.....Date.....

Signature of the interviewer.....Date.....

Appendix D

HATI YA RIDHAA YA USHIRIKI KATIKA UTAFITI NAMBA 1

Unaombwa ridhaa yako kushiriki katika utafiti huu ambao unalenga kutafiti viashiria mbalimbali vya kuamua kutumia au kutotumia huduma za Ushauri Nasaha wa Hiari unaoitwa “VCT” kwa kifupi. Tunakuomba wewe binafsi kushiriki kwa sababu wewe ni mmoja wa watu muhimu katika jamii hii, ambao mawazo na maoni yao ni muhimu sana kuhusu huduma za jamii zinazotolewa zikiwemo huduma za afya.

Utaratibu wa ushiriki

Utafiti huu utashirikisha vikundi sita vya mjadala katika vikundi (FGD) utakaoshirikisha vijana, pia mahojiano na mtu mmoja mmoja ishirini. Katika watu ishirini, kumi watakuwa vijana na waliosalia kumi watakuwa ni wahdumu wa afya (watoa ushauri nasaha). Ukikubali kutoa ridhaa ya kushiriki katika utafiti huu tutakuomba kukuuliza maswali machache kuhusu maoni yako juu ya ufahamu, uzoefu kuhusu utumiaji wa huduma za Ushauri nasaha katika vituo vilivyopo jirani. Tunategemea kutumia dakika 45 au saa moja hivi kutegemeana na ushiriki wa mtu binafsi. Mjadala ya vikundi itachukuwa saa moja na nusu hadi masaa mawili tu, nayo kutegemeana na mlolongo wa maoni katika kila kikundi.

Usiri

Taarifa zote tutakazozipata kutoka kwako tutazitunza kwa usiri mkubwa. Taarifa zako zitaweza kuonwa na wanaohusika na utafiti huu tu. Kwa vyovyote vile, taarifa zako hazitahusishwa na jina lako katika hali yoyote ile, na hivyo, taarifa zako hazitakuletea kuathirika kwa aina yoyote katika kupata huduma zako za afya katika eneo lako. Jina lako halitaonyeshwa katika ripoti ya utafiti huu. Utambulisho wako katika utafiti huu ni utafuata utaratibu tutakakubaliana.

Faida

Hakuna faida ya moja kwa moja utakayopata kwa kushiriki katika utafiti huu. Hata hivyo, taarifa utakazotoa zitasaidia kuboresha huduma zinazotolewa katika vituo vya ushauri nasaha kwa vijana kulingana na mahitaji yao. Zaidi, ushiriki wako utasaidia kupata sababu na majibu kwa vijana ambao hawataki kuvitumia vituo vya ushauri nasaha kwa hisia zitokanazo na kutokuwa na ufahamu halisi wa kinachofanywa huko vituoni. Kizuri zaidi, ni kwamba tunategemea utafurahia mjadala utakaoushiriki kati yako na mtafiti.

Ushiriki

Ushiriki wako katika utafiti huu ni wa hiari. Unayo haki ya kujitoa kwenye usaili wakati wowote. Maamuzi yako ya ama kushiriki au la hayatakuzuia kupata haki zako za huduma katika kituo chochote cha ushauri nasaha, na huduma zingine za afya zinazotolewa katika eneo unaloishi. Zaidi sana, hautalazimika kutoa sababu kwa nini unajiondoa kushiriki katika utafiti huu.

Kama unakubali kushiriki katika utafiti huu, tafadhali weka sahihi yako katika nafasi ya kwanza hapo chini.

Sahihi ya Mshiriki.....Tarehe.....

Sahihi ya Msaili.....Tarehe.....

(v)

Appendix E

HATI YA RIDHAA YA USHIRIKI KATIKA UTAFITI NAMBA 2

Unaombwa ridhaa yako kwa niaba ya mwanao ambaye ameombwa kushiriki katika utafiti huu ambao unalenga kutafiti viashiria mbalimbali vya kuamua kutumia au kutotumia huduma za Ushauri Nasaha wa Hiari unaoitwa “VCT” kwa kifupi. Tunakuomba ridhaa kwa niaba ya mwanao kwa sababu ana umri chini ya miaka 18 na kufuatana na sheria za Tanzania haruhusiwi kufanya hivyo. Mbali na hahyo, mwanao ameombwa kushiriki kwenye huu utafiti kwa sababu ni mmoja wa watu muhimu katika jamii hii, ambao mawazo na maoni yao ni muhimu sana kuhusu huduma za jamii zinazotolewa zikiwemo huduma za afya.

Utaratibu wa ushiriki

Utafiti huu utashirikisha vikundi sita vya mjadala katika vikundi (FGD) utakaoshirikisha vijana, pia mahojiana na mtu mmoja mmoja ishirini. Katika watu ishirini, kumi watakuwa vijana na waliosalia kumi watakuwa ni wahudumu wa afya (watoa ushauri nasaha). Ukikubali kutoa ridhaa ya mwanao kushiriki katika utafiti huu tutamwomba kumuuliza maswali machache kuhusu maoni yake juu ya ufahamu, uzoefu kuhusu utumiaji wa huduma za ushauri nasaha katika vituo vilivyopo jirani. Tunategemea kutumia dakika 45 au saa moja hivi kutegemeana na ushiriki wa mtu binafsi. Mjadala ya vikundi itachukuwa saa moja na nusu hadi masaa mawili tu, nayo kutegemeana na mlolongo wa maoni katika kila kikundi.

Usiri

Taarifa zote tutakazozipata kutoka kwake tutazitunza kwa usiri mkubwa. Taarifa zake zitaweza kuonwa na wanaohusika na utafiti huu tu. Kwa vyovyote vile, taarifa zake hazitahusishwa na jina lake katika hali yoyote ile, na hivyo, taarifa zake hazitamletea madhara ya aina yoyote katika kupata huduma zake za afya katika eneo lake. Jina lake halitaonyeshwa katika ripoti ya utafiti huu. Utambulisho wake katika utafiti huu utafuata utaratibu tutakaokubalina.

Faida

Hakuna faida ya moja kwa moja atakayopata kwa kushiriki katika utafiti huu. Hata hivyo, taarifa atakazotoa zitasaidia kuboresha huduma zinazotolewa katika vituo vya ushauri nasaha kwa vijana kulingana na mahitaji yao. Zaidi, ushiriki wake utasaidia kupata sababu na majibu kwa vijana ambao hawataki kuvitumia vituo vya ushauri nasaha kwa hisia zitokanazo na kutokuwa na ufahamu halisi wa kinachofanywa huko vituoni. Kizuri zaidi, ni kwamba tunategemea atafurahia mjadala utakaoushiriki kati yake na mtafiti.

Ushiriki

Ushiriki wake katika utafiti huu ni wa hiari. Anayo haki ya kujitoa kwenye usaili wakati wowote. Maamuzi yake ya ama kushiriki au la hayatamzuia kupata haki zake za huduma katika kituo chochote cha ushauri nasaha, na huduma zingine za afya zinazotolewa katika eneo analoishi. Zaidi sana, hatalazimika kutoa sababu kwa nini anajiondoa kushiriki katika utafiti huu. Kama unakubali mwanao kushiriki katika utafiti huu, tafadhali weka sahihi yako katika nafasi ya kwanza hapo chini.

Sahihi ya mzazi/Mlezi.....Tarehe.....

Sahihi ya Msaili.....Tarehe.....

(VI)
Appendix F

INTERVIEW GUIDES

FGDs interview guide for youth's male and female who attended VCTs services

Participant:

ID.....

Age.....

Education level.....

Sex.....

1. Young people knowledge on HIV and AIDS. (*Probes: cause of HIV, ways of transmission, differences between HIV & AIDS, prevention of HIV infection, and treatment possibilities*)
2. Young people understanding about VCT. (*Probes: accessibility*).
3. Young people experiences in utilizing VCT services. (*Probes: attitudes, perception to facilities, counselors, and services provided*).
4. Why did you choose the centre you attended the services? (*Probe: how did you know about it?*)
5. Young people opinions on VCT services. (*Probes: quality of counseling, confidentiality keeping, costs, treatments of STDs*).
6. Satisfactory aspects of the testing experience. (*Probes: What they liked most?*).
7. Factors behind youths seeking facilities that offer services on HIV counseling and testing. (*Probe: Do boys and girls look for the same things in VCT?*).
8. Why other young people do not seek the VCT services?
9. General comments about VCT sites and their services in relation to youth's consumptions. (*What are your preferred age of the counselors and why? and location of site*)
10. What can be done to improve and make VCT services acceptable to young people?

END

(Thank you for your time and cooperation)

FGD interview guide for youth's male and female who had not been to VCT services

Participant:

ID.....

Age.....

Education level.....

Sex.....

1. Young people knowledge on HIV and AIDS. (*Probes: cause of HIV, ways of transmission, differences between HIV & AIDS, prevention of HIV infection, and treatment possibilities*)
2. Young people understanding about VCT. (*Probes: accessibility*).
3. Young people experiences in utilizing VCT services. (*Probes: attitudes, perception to facilities, counselors, and services provided*).
4. Why do you think youths are seeking for the facilities that offer services on HIV counseling and testing? (*Probe: Do boys and girls look for the same things in VCT?*).
5. Why other young people do not seek the VCT services?
6. Do you know anyone of your age who has been to VCT services? (*If yes, probe: what were his/her experience?*).
7. Why have you not been to VCT services?
8. General comments about VCT sites and their services in relation to youth's consumptions. (*What are your preferred age of the counselors and why? and location of site*)

END

(Thank you for your time and cooperation)

In-depth interview guide for Health providers (counselors)

Participant:

ID.....

Age.....

Education level.....

Sex.....

1. Experience in providing VCT services to young people as counselor. (*Probe- how long have they worked as counselors in VCT centers, with who as their clients, and what are the different experiences with the groups*)
2. Opinion on youth's knowledge of HIV and AIDS.
3. Reasons for young people seeking the VCT services. (*Probe: Do boys and girls look for the same things in VCT? Return rate for the post testing*).
4. Reasons for some youths not seeking the VCT services. (*Probe: Accessibility below 18 years, type of questions in pre-testing*)
5. How do you think your site is relevant to youth's interests? (*Probe: any specific services to young people, what is your site are perceived efficiency with regard to youths (girls vs boys) as clients, confidentiality?*)
6. Comments about the sites and the services you provide to young people. (*Probe: any improvement to sites and services*)

END

(Thank you for your time and cooperation)

In-depth interview guide for youths who had been to VCT services

Participant:

ID.....

Age.....

Education level.....

Sex.....

1. His/her knowledge about HIV and AIDS. (*Probes: cause of HIV, differences between HIV & AIDS, ways of transmissions, treatment possibilities, prevention of HIV infection*).
2. His/her understanding VCT services and VCT sites. (*Probes: accessibility*).
3. His/her experience in utilizing VCT services. (*Probes: attitudes, perception to facilities, counselors, and services provided*).
4. Opinion on VCT services to you as youth. (*Probes: quality of counseling, confidentiality keeping, costs, treatments of STDs*).
5. Satisfactory aspects of his/her testing experience. (*Probes: What you liked most?*).
6. Reasons for him/her seeking the VCT services. (*Probe: Do boys and girls look for the same things in VCT?*).
7. Reasons for other young people not seeking the VCT services.
8. General comments about VCT sites and their services in relation to youth's consumptions. (*What is your preferred age of the counselors and why? And location of site*)
9. What can be done to improve the VCT services to young people?

END

(Thank you for your time and cooperation)

(x)

In-depth interview guide for youths who had not been to VCT services

Participant:

ID.....

Age.....

Education level.....

Sex.....

1. His/her knowledge about HIV and AIDS. (*Probes: cause of HIV, differences between HIV & AIDS, ways of transmissions, treatment possibilities, prevention of HIV infection*).
2. His/her understanding VCT services and VCT sites. (*Probes: accessibility*).
3. His/her experience in utilizing VCT services. (*Probes: attitudes, perception to facilities, counselors, and services provided*).
4. Opinion on VCT services to you as youth. (*Probes: quality of counseling, confidentiality keeping, costs, treatments of STDs*).
5. Do you know someone who has been to VCT services? (*if yes, probe: what were his/ her experience?*).
1. Factors behind youths seeking facilities those offer services on HIV counseling and testing.
2. Reasons for him/her not seeking the VCT services.
3. Do you have any plan of attending the VCT services in future? (*Probe: what will be the motive behind seeking the services*)
4. General comments about VCT sites and their services in relation to youth's consumptions. (*What are your preferred age of the counselors and why? and location of site*).

END

(Thank you for your time and cooperation)

(xii)

Appendix G



THE UNITED REPUBLIC OF
TANZANIA



National Institute for Medical Research
P.O. Box 9653
Dar es Salaam
Tel: 255 22 2121400/390
Fax: 255 22 2121380/2121360
E-mail: headquarters@nimr.or.tz
NIMR/HQ/R.8a/Vol. IX/476

Ministry of Health
P.O. Box 9083
Dar es Salaam
Tel: 255 22 2120263-7
Fax: 255 22 2110986

23rd November 2005

Mu Kiso Bureo Mwakarehe
P.O. BOX 66521
DAR ES SALAAM

CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: Use of counseling and testing services among young people in Tanzania - A case study of Kinondoi District, (Mwakarehe K.B. et al.), whose Principal Investigator is Kiso Mwakarehe, has been granted ethics clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is made available to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine.

Name: Dr Andrew Y Kitan

Name: Dr Z.A Bwaga

Signature

CHAIRMAN
MEDICAL RESEARCH
COORDINATING COMMITTEE

Signature

AG CHIEF MEDICAL OFFICER
MINISTRY OF HEALTH, SOCIAL
WELFARE

CC: RMD Dar es Salaam,

DMO Kinondoi

(xiii)

Appendix H

 **UNIVERSITY OF OSLO**
FACULTY OF MEDICINE

To the relevant authorities

**Institute of General Practice and
Community Medicine**
Section for International Health
P.O. Box 1130 Blindern
NO-0318 Oslo

Date: June 23rd 2006
Your ref.:
Our ref.:

Telephone: + 47 228 50 649
Telefax: + 47 228 50 697
E-mail: g.bjune@unifammed.uio.no
URL: www.med.uio.no/interhel

Ethical Review

Investigator's name: Mwenkatohe, Kisa

Title of the project: Use of HIV/AIDS counseling and testing among young people in Tanzania: A case study of Kimondoni district.

Due to a re-organization in the Norwegian system for ethical review of research students' projects involving a second country, the project proposal has not been subject to a national review process this year.

The students have filled in the ordinary national form for ethical review of research projects involving human subjects and supplied the protocol for their project. A group of experts (medical research ethics, medical anthropology and clinical medicine) in our department have read the applications carefully and made their comments. The investigator's project is found to abide to international regulations, and the comments (below) are to guide the investigators to clarify, elaborate or modify some point(s) before they apply to their national authorities. In case there are such comments in this letter, the investigator's application will be corrected accordingly.

Comments of the reviewers:
This project is found to abide to international regulations and standards for ethical considerations. The reviewers wishes the investigator good luck with her study.

Yours sincerely,


Gunnar Bjune,
Professor International Health
Head of M.Phil. education in International Community Health


M.PHIL. PROGRAMME
INTERNATIONAL COMMUNITY HEALTH
FACULTY OF MEDICINE
UNIVERSITY OF OSLO, NORWAY

(xiv)
Appendix I

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION AND CULTURE

Cable: "ELIMU" DAR ES
SALAAM
Telex: 41742 Elimu Tz.
Telephone: 2121287, 2110146
Fax: 2127763



POST OFFICE BOX 9121
DAR ES SALAAM

In reply please quote:

Ref. ED/A3/10/R.P/Vol IV/31

Date: August 31, 2006

The Director,
The District Development Director,
Kinondoni District.

Re: Research Clearance for Kisa Burton Mwakatobe

The above-mentioned **Kisa Burton Mwakatobe** is a bona fide student of the University of Oslo in Norway partaking of the Master Programme (MPHL) in International Community Health; conducting a study on, "USE OF HIV/AIDS COUNSELING AND TESTING SERVICES AMONG YOUNG PEOPLE IN TANZANIA: A CASE STUDY OF KINONDONI DISTRICT." She is going to do the study in some of the secondary schools in Kinondoni District, Dar es Salaam with students at the age of 15 – 19 years.

The time for the study is between from 1ST September to 31ST December, 2006.

In line with the above information you are being requested to provide *her* with the needed assistance that will enable her to complete her work successfully.

By copy of this letter, **Kisa Burton Mwakatobe** is required to submit a copy of the report (or part of) to the *Permanent Secretary, Ministry of Education and Culture* for documentation and reference.

A handwritten signature in blue ink.

Dr. Swai, Fulgence
for Permanent Secretary

c.c. The District Education Officer
Kinondoni

